

[CTC - HRO - PTPP - Recruitment & Selection - 7.8.5-c-061]
[Insurance Nomination form- June 2024]

Form of N	Nomination for D	eath Insurance for CT	CEmployees
I Samina		d/w/o Sal-dax 1	Chan
CNIC # 17301- 47 64	9 0		·
nominate the person/ p	ersons mentioned	working as	hearing bearing hearing member(s) of my family as
beneficiary(ies) to receive t	he death insurance	below who is/ are	member(s) of my family as
beneficiary(ies) to receive to		amount (sum assured) in	n the event of my death.
		irst choice)	
Name of Nominee/	Relationship	Specification - CCI	
Nominees		Specification of Share	Contact Number
Saca			
Safoleio Ichan	Fathers	100%	0321-9039533
			034-9037333
	P E		
	h sk		
	(In case of death o	f first choice) - 2nd Option	
Name of Nominee/	Relationship		
Nominees		Specification of Share	Contact Number
Safdar When			
Coquar Jonein	Conthers	100%	5321-9039533
I hereby certified that the abo	ve noted member(s	s) of my family montion	d are wholly dependent upon
me.		, and rating Hierinous	are wholly dependent upon
The earlier nomination made	by mo (if		
- Maria I I III (C)	Dy me (if any) ma	y kindly be treated as car	ncelled and of no effect
DATED:	SIGNATURE OR THUMB IMPRESSION OF		
Walse		THE	EMPLOYEE
नाया थ्य		em	nh9
		i i i i i i i i i i i i i i i i i i i	