

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

Form of Nomination for Death Insurance for CTC Employees

I Af Sheen	s	d/w/o M. Nae	
CNIC # 17101-838	12-114		
nominate the person/	persons mentioned	below who is	member(s) of my family as
beneficiary(ies) to receiv	e the death insurance	below who is/ are is amount (sum assured) ir	member(s) of my family as
		(balli assured) If	the event of my death.
	(I	irst choice)	
Name of Nominee/	Relationship	Specification of Share	
Nominees		of contention of Share	Contact Number
M. Nagem			
Listeen	Husband	120 %	0312-6860767
	7		
,	(In case of death o	f first choice) - 2nd Option	1
Name of Nominee/	Relationship	Specification of Share	
Nominees		opecification of Share	Contact Number
	9 0		
bA subt	1 14		
Markem	WIS	100%	0312-6860767
I hereby certified that the a	bove noted member(s	s) of my family mentioned	are wholly dependent upon
me.	1 1 1 1 1 1	, and a second	are wholly dependent upon
The earlier nomination ma	de by ma (if	and a later of	
The earlier nomination ma	de by me (if any) ma	y kindly be treated as can	celled and of no effect
		, v	
DATED:	SIGNATURE OR THUMB IMPRESSION OF		
4/9/24	THE EMPLOYEE		
TIMIL	A Fisheen		