

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

Form of N	omination for Death Insurance for CTC Employees		
I Rabia B	u 9om s	/d/w/o Coul	C Limployees
CNIC # 1320 1-6120-	) 	arwio que y	oid bearing
nominate the person/		_ working as C-}	bearing hereby
beneficiary(ies) to receive the	isons mentioned	below who is/ are n	nember(s) of my family as
beneficiary(ies) to receive the	e death insurance	amount (sum assured) in	the event of my death
		irst choice)	
Name of Nominee/	Relationship	Specification of Share	
Nominees	A COUNTY OF THE PARTY OF THE PA	T - State	Contact Number
( 0 0 0			
Jul Said	Father	100%	02/10/05/15/
		48	0340 9266 260
	277.3		
(	In case of dooth		
1	di case of death of	f first choice) – 2 <sup>nd</sup> Option	*
Name of Nominee/	Relationship	Specification of Share	Control N
Nominees			Contact Number
/	3 18.		
		/	/
	i ski		
Thereby contification			
I hereby certified that the abov me.	e noted member(s	s) of my family mentioned	are wholly dependent
	H 365 UT		
The earlier nomination made l	ov me (if any) may	V kindly had a	
	)	willing be treated as cand	celled and of no effect
		CICNIA TITUTE OF THE	
DATED:		SIGNATURE OR THUMB IMPRESSION OF	
3/Sep 124  Rabia.			MILOTEE
			<u>a·</u>