

[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 Serial I wall				
I Sciol wali s/d/w/o Kham wali bearing CNIC # 21 201 - 10046 20-1				
CNIC # 21 201 - lee 46 20 - lee working as hereby beneficiary(ies) to receive the delay who is are member(s) of my family				
nominate the person/ persons mentioned below who is/ are member(s) of my family as beneficiary(ies) to receive the death insurance amount (sum assured) in the control of t				
beneficiary(ies) to receive the death insurance amount (sum assured) in the event of my death.				
(First choice)				
Name of Nominee/	Relationship	Specification of Share		
Nominees		T State of State	Contact Number	
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/10 000	- HEN	100 1.	03049000963	
(In case of death of first choice) – 2 nd Option				
Name of Nominee/	Relationship			
Nominees	l l	Specification of Share	Contact Number	
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		1 1	20 10 to 20	
I hereby certified that the above noted member(s) of more (s)				
I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon me.				
The sealth of				
The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect				
*				
DATED:		SIGNATURE OR THUMB IMPRESSION OF		
DATED.	3 ≯. •	THE EMPLOYEE		
3/9/9/1	e ,			