

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

	4		
Form of Nomination for Death Insurance for CTC Employees			
I Muhammad Shaib s/d/w/o Salah gul bearing			
s/a/w/o salah gul bearing			
CNIC #2 1203-63 78 1130-1 working as			
nominate the person / norman working as hereby			
nominate the person/ persons mentioned below who is/ are member(s) of my family as beneficiary(ies) to receive the death insurance amount (sum essent) in the death (sum essent) in the			
beneficiary(ies) to receive the death insurance amount (sum assured) in the event of my death.			
) = 1 10 event of my death.			
(First choice)			
Name of Nominee/	Relationship	Specification of Share	
Nominees	P	opecification of Share	Contact Number
			1
0 1 0	1		
Salah gul	Entha		
Sur are fre	rulles	100%	0300 9194232
Agral Minne	Mat	,	
arva prima	Mares	100 do	0300 9194232
(In case of death of first choice) – 2 nd Option			
Name of Nominee/	D1:: 1:		
,	Relationship	Specification of Share	Contact Number
Nominees			
2			
Roina 12/121	1:1170	I man and	0 0191.020
	LWI/C	100 %	03009194232
	h e		

I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon me.

The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect

SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE

DATED: 03/09/2024

Mogadit