

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

Neor-42- Engly	Name of Nominee/ Nominees	Form of Nomination for Death Insurance for CTC Employees I Shahng? CNIC # 1730 -3168833-8 working as CHu2 nominate the person/ persons mentioned below who is/ are member(s) of my fam beneficiary(ies) to receive the death insurance amount (sum assured) in the event of my death. (First choice)
. E.	Relationship	s/ SXX 23-8 ersons mentioned ne death insurance (Fig. 1)
\$ <	Specification of Share	Form of Nomination for Death Insurance for CTC Employees Ahrg2
	Contact Number	Form of Nomination for Death Insurance for CTC Employees Shahng? S/d/w/o Noman 1/a2 CNIC # 1730 31688 23-8 working as CHW 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 event of my death. (First choice)

(In case of death of first choice) – 2nd Option

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m. Arham	Nominees
3	Relationship
100 1	Specification of Share
03119466656	Contact Number

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

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

DATED:

20/8/24

SIGNATURE OR THUMB IMPRESSION OF