

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

(Per (projection)	Name of Nominee/ Nominees		CNIC # 173.01.136 nominate the person/ peneficiary(ies) to receive	Form of Nom I Shatti
(0) 100% Bar. 0331-9030944	Relationship Specification of Share Contact	(First choice)	CNIC # 173.6 1.13.6 86.47 — Working as C-H- 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 assured) in the event of my death.	Form of Nomination for Death Insurance for CTC Employees Shatti s/d/w/o s/d/w/o
944	Contact Number		hereby ny family as death.	

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

che Egings	Nominees Nominees
الجيته.	Relationship
100%	Specification of Share
03303949402	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: 22/8/24

SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE

Mess hat;