

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

	1		
Form of Nomination for Death Insurance for CTC Employees			
I Shean ullah s/d/w/o Muhammad ullah bearing CNIC # 20201-2816714-7			
s/d/w/o Muhammad wale			
CNIC # 20201-2816714-7 working as C.H. whereby			
nominate the person/ p			
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 count (sum assured)			
beneficiary(ies) to receive the death insurance amount (sum assured) in the event of my death.			
(First choice)			
Name of Nominee/	Relationship	Specificali	
Nominees		Specification of Share	Contact Number
Muhama			
Muhammad ullah	tather	100%	0305-6485192
Mahammadulah	50.12 04	100%	
1777 1010 00001	tarner	1001-	0305-6485 192
(In case of death of first choice) – 2 nd Option			
Name of Nominee/	Relationship		
Nominees	recationship	Specification of Share	Contact Number
Muhammadullah	Father	100%	2.61.2.11
			0305-6485192
I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon me.			
me.	c noted member(s) of my family mentioned a	are wholly dependent upon
	** *		
The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect			
			and of no effect
DATED:		SIGNATURE OR TH	UMB IMPRESSION OF
	§ 8.	THE EN	APLOYEE
4/9/2024		(11)0	