

DATED:

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

Town Carl			
Form of Nomination for Death Insurance for CTC Employees			
I Zahid allah s/d/w/o Kemia Gal bearing			
CNIC# 212-2 7622 in solution Remia Coul bearing			
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 sum of			
beneficiary (ies) to receive the death insurance amount (sum assured) in the event of my death.			
(First choice)			
Name of N.			
Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
Nonunees			Contact Number
AJab Khan	Brother	10-1	22222
	on the	100 %	03379700096
Suliman	Son	100 4	1022200 01
		100%	103379700096
(In case of death as see a see			
(In case of death of first choice) – 2 nd Option			
Name of Nominee/	Relationship	Specification of Share	Combact NI
Nominees		i amazori or origic	Contact Number
		_	1
Hama DD 1	n	A	
Jan zallah	Brother	100%	03019700096
I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon me.			
me.		, and inclinioned	are wholly dependent upon
The earlier nomination made by the control of the c			
The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect			
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SIGNATURE OR THUMB IMPRESSION OF

THE EMPLOYEE