

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

Form	of N	Jomin	atio	n for	Death	Incres			Employees	
		. 1:		201	Death	insuran	ce for	CTC	Employees	5

Form of Nomination for Death Insurance for CTC Employees											
I Sadam Hussain s/d/w/o Mahammada Jan bearing CNIC # 21203-6916788-9											
CNIC # 200 S/d/w/o Mahammada Jan bearing											
CNIC # 212 03-69/6788-9 working as bearing nominate the person/ persons mentioned below who is/ are member(a) 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 assured) in the control of my family as											
beneficiary(ies) to receive the death insurance amount (sum assured) in the event of my death.											
Name of Name (First choice)											
Name of Nominee/ Nominees	Relationship	Specification of Share	e Contract								
Nonunees		of Ortal	Contact Number								
Alia	Islail a	1									
	(-g)	100%	03038816098								
(In case of death of first choice) – 2 nd Option											
Name of Nominee/	Relationship	Specification of Share	H .								
Nominees		T State	Contact Number								
Alia	1110	, ,									
11119	Weif 20	100%	03038816098								
I hereby certified that the abov me.	e noted member(s) of my family mentioned	d 0 m 0 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m								
me.		, and inclinioned	ale wholly dependent upon								
The earlier nomination made I											
The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect											
e e											
DATED: SIGNATURE OR THUMB IMPRESSION OF											
THE EMPLOYEE											
4-7.2024	.a	Sad	am.								