

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

Form			:
Form of Nomination for Death Insurance for CTC Employees I 17 fan yllah s/d/w/o Muhammad Shafi bearing CNIC # 21202-9754776-1			
an anah	S/	d/w/a Miss	1 . 01 0
CNIC # 21202-9752 nominate the person/ pe	776-1	TO TIGHEN W	bearing
nominate the person/ no		_working as	1-
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.			
death.			
Nome	(F	irst choice)	
Name of Nominee/	Relationship	Specification of Share	Control
·		or or or or	Contact Number
- 0			
Amapon Islam	wife	80%	6222 8////2/
Hasreb yliah	C	1	0332-3644106
W (Q) V	20M	20%	0308-5878571
			w.*
(In case of death of first choice) – 2 nd Option			
Name of Nominee/ Nominees	Relationship	Specification of Share	
rondiees		i oi oilale	Contact Number
0	8 100		
Amrepa Irlan	wife	100%	(2)
I.			0314-5878573.
I hereby certified that the abov	e noted member/a	١-٢ ٥٠٠٠	
I hereby certified that the abov me.	and michiber (S	or my family mentioned	are wholly dependent upon
The earlier nomination made l	N. ma (i.c.	* * * *	
The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect			
•		· v	
D A TUPE		CICALAME	
DATED:	SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE		
19/9/2024		i i i i i i i i i i i i i i i i i i i	WILLOYEE
,	100 A	4	1704