

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

Form of N	omination for De	ath Insurance for CTC	Employees
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CNIC # 2/202 - 2/0 2	225	1 TUZamm	bearing bearing
CNIC # 21202 - 2/0 3	rooma	working as	hereby
beneficiary(ies) to receive the	isons mentioned	below who is/ are me	mber(s) of my family as
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.			
	11 - 01	rst choice)	•
Name of NI	6 (8)	(of choice)	
Name of Nominee/	Relationship	Specification of Share	Contact Number
ronunees			Contact Number
FATMA BIB!	125	10 1	
	WIFE	100/	03450771016
MOTAHIR 10-an	D 80 77		
The contract of the contract o	10/0/2-01	100/	0347-9428594
			11111111
2	(In case of death of	first choice) - 2 <sup>nd</sup> Option	
Name of Nominee/		choice) - 2 Option	, di
Nominees	Relationship	Specification of Share	Contact Number
			·
Mymin3 ALI	Brother		
THIS HU	Drober	100/	0346-9494221
**			
I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon me.			
me.	0.00	of my faillify mentioned a	re wholly dependent upon
	1) -1(1)		
The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect			
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DATED:	SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE		
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