

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

Form of Nomination for Death Insurance for CTC Employees I	Form of Nomination for Dead y				
CNIC # 173 51 - 35 1 7 7 8 working 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 event of my death. (First choice) Name of Nominee/ Relationship Specification of Share Contact Number (In case of death of first choice) - 2nd Option Name of Nominee/ Relationship Specification of Share Contact Number Name of Nominee/ Relationship Specification of Share Contact Number	Death Insurance for CTC Employees				
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