

## [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 am	Mussain	reach insurance for CT	C Employees
CNIC # 17	reen s	/d/w/o_Shabir	C Employees  Ahmad bearing
nominate the person/	98946	working as	A.S hereby
beneficiary (ies) to receive the	rsons mentioned	l below who is/ are i	hereby member(s) of my family as
beneficiary(ies) to receive th	ie death insurance	e amount (sum assured) ir	the event of my death.
		First choice)	•
Name of Nominee/		,	
Nominees	Relationship	Specification of Share	Contact Number
Shapir Ahmad	15 m		
	Husband	100%	1)2-71,557, 22
			03074553433
		_	
,	In case of death o	f first choice) - 2 <sup>nd</sup> Option	1
Name of Nominee/	Relationship		
Nominees		Specification of Share	Contact Number
0.4 . 4 . 0	118.		
Mustafa	Son	100%	
I hereby certified that the abov me.	e noted member(s	s) of my family mentioned	aro rizholler de en 1
me.		, J maj	are wholly dependent upon
The earlier nomination made l	ov me (if any) mor	v Lin II. I	
	of file (if arry) may	y kindly be treated as can	celled and of no effect
		¥	
		SIGNATIDE OF TH	TITLE TO THE
DATED:		SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE	
22/8/174			20 IDE
010			