

[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_A:man		13/2 D	CEmployees	
	I A: man sold/w/o Rah Jawa bearing CNIC # 17301-0985157-0 working as As hereby nominate the person/ persons mentioned below who is/				
	nominate the person/ persons mentioned below rules:				
	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	Q Coul (N)	
	Nominees		i same of or order	e Contact Number	
	D .				
	RabNawaz	Father	1004.	0220005	
		9		0330,925686	
		vi Tĝ «			
	(In case of death of first choice) – 2 nd Option				
	Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number	
	Nonunees	1		- orthographic	
	A 1				
	Adit Nawaz	Brother	1000		
			200 10	0336-9215509	
I hereby certified that the above noted member(s) of my family mentioned are wholly dependent me.					
1	ne.	The treatment of (8	of tily family mentioned	d are wholly dependent upon	
The earlier nomination made by mo (if any) was 1.					
The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect					
			SIGNATIBEODT	LIIIMD IMPORTANT	
	DATED:		SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE		
	22-Aug-2024		Diamas		