

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

Form of Nomination for Death Income			
Form of Nomination for Death Insurance for CTC Employees			
s/d/w/o			
I Javed s/d/w/o /Chan Coul bearing CNIC # 21201-486/874-1 working as AS hereby beneficiant for CTC Employees s/d/w/o /Chan Coul bearing hereby			
nominate the percent working as AG			
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			
beneficiary(ies) to receive the death insurance amount (sum assured) in the event of my death.			
The die event of my death.			
(First choice)			
Name of Nominee/	Relationship	Specification (C)	
Nominees	P	Specification of Share	Contact Number
		47	
DV-1	*		03333750077
Flyous	Brother	1000	
,		100%	0333 3750077
	ji :		1
(In case of death of first choice) – 2 nd Option			
Name of Nominee/	·		
Nominees	Relationship	Specification of Share	Contact Number
	· · ·		
Khan Gw	Kalla on	1. 12	
	p care v	100 %	0336 2727 116
I hereby certified that the above noted member(s) of my family			
I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon me.			
	N		
The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect			
stated and of no effect			
•			
	l. 8.	CIONIATEVAN	
DATED:	ATED: SIGNATURE OR THUMB IMPRESSION OF		HUMB IMPRESSION OF
THE EMPLOYEE			
0/9/2024 R			
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