

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

Form of Nomination for Death Insurance for CTC Employees			
ISidse	c	s/d/w/o_Shafiq	1C Employees
CNIC # 17301 - 6971	15671	Jul 10 - 2 na +19	tellah bearing
nominate the person/ pe	TSONS mentione	_ working as	75 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.			
(Suffi assured) in the event of my death.			
(First choice)			
Name of Nominee/ Nominees	Relationship	Specification of Shar	e Contact Number
			The state of the s
8h 70 M1	17. 1		
Sha Fiz ullah	Husband	100%	0301-8823375
			00,0019
(In case of death of first choice) – 2 nd Option			
Name of Nomines /			
Nominees	Relationship	Specification of Share	Contact Number
			11
M. Ratiz	Ch		
LI 1: Na fre	Father	100%	03138888650
I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon me.			
The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect			
SIGNATURE OR THER OR THE			
DATED:	TED: SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE		
10/08/2029			
10/08/2024			
10/08/2029			2024