

[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 Show Man 2		Chi	bearing	
- Ches Mawas	s/	d/w/o Shane Bus	bearing	
CNIC # 21201-715793	7-1	Working as	hereby	
nominate the person/ per	sons mentioned	holovy risks in /	hereby	
beneficiary(ies) to receive the	e death insurance	amount (sum assured) in	the arrange 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		
Nominees		opecinication of Share	Contact Number	
	ii a			
11.1 / 1	0			
Mundallem	Son	100 %	0321-1916141	
(In case of death of first choice) – 2 nd Option				
Name of Nominee/	Relationship	Specification of Share	Contact Number	
Nominees		T	Contact Number	
CI				
Dhamina BiBi	Wife	100%	0373-9355228	
I hereby certified that the abov	e noted member(s) of my family mentioned	are wholly dependent upon	
me.	`	1	are whony dependent upon	
The earlier nomination made				
The earlier nomination made	by me (if any) ma	ly kindly be treated as can	celled and of no effect	
r.				
DATED:		SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE		
	1	THE EMPLOYEE		
5-9-2024		Ma Comment of the Com		