

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

CNIC # 2/802-5503 975-5 working as	Form of Nomination for Death Insurance for CTC Employees				
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/ Nominees  (In case of death of first choice) - 2nd Option  Name of Nominee/ Nominees  Relationship Specification of Share Contact Number  (In case of death of first choice) - 2nd Option  Name of Nominee/ Nominees  Relationship Specification of Share Contact Number  M. Hasher San Bull 232549678  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  DATED:	I Noby Zaman s/d/w/a N/ia Rm on VI				
beneficiary (ies) to receive the death insurance amount (sum assured) in the event of my death.  (First choice)  Name of Nominee/ Nominees  Relationship Specification of Share Contact Number  Nominees  (In case of death of first choice) - 2nd Option  Name of Nominee/ Nominees  Relationship Specification of Share Contact Number  (In case of death of first choice) - 2nd Option  Name of Nominee/ Nominees  Relationship Specification of Share Contact Number  M. Hasher Sen Bull 03/139599678  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  DATED:	CNIC # 2/202.5003	77	71717 1419 1419	bearing bearing	
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