

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

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form of I	Nomination for D_{ϵ}	eath Insurance for CTC	Employees
I Ali 1 Chem CNIC # 21202-5 nominate the person/ p		dini- Fazal	Dalance
CNIC # 21209 - [214407-2	u/w/o_101200()	bearing bearing
nominate the person/	3 () () ()	working as <u>CH</u>	W
beneficiary(ies) to receive t	bersons mentioned	below who is/ are m	hereber(s) of my family a
beneficiary(ies) to receive t	ile deaut insurance	amount (sum assured) in	the event of my death.
	\$1 * 55;	rst choice)	
Name of Nominee/	Relationship		
Nominees	Relationship	Specification of Share	Contact Number
		*	
M. Afagi	Son	100	
M- Ibrahim	112	100%	0300 9365127
M-1byahim	son	100 %	1303.0.1
		(- /	
,	(in case of death of	first choice) - 2nd Option	**
Name of Nominee/	Relationship	Specification of Share	
Nominees		T - STILLE	Contact Number
M-Ataa	Son	100	1200 as 1510s
			03009365127
heroby andication		*	
ne	ove noted member(s) of my family mentioned	are wholly dependent upon
	17 - 51.7	a contract of the contract of	
he earlier nomination mad	le by me (if any) may	kindly ho troots i	
		killidiy be treated as cand	celled and of no effect
ž.			***
D 4 (1777)		SIGNIATION	
DATED:		SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE	
	8 (2)	FATTLE TO TEE	