

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

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Form of N	Omination for D	ooth T-	
Ti-la		eath Insurance for CTC	Employees
Haa Hussa	cin s/	d/w/0 1/2.	comployees lad bearing
CNIC # 212-0	5/	a, w/o /t/ina (bearing bearing
21VIC# 21202 - 1610	0877-3	working as	bearing hereby
nominate the person/ pe	ersons mentioned	below who is/	hereby
beneficiary(ies) to receive th	ne death insurance	amount (come are m	ember(s) of my family as
		amount (sum assured) in	the event of my death.
		irst choice)	
Name of Nominee/	ji 13:1		
Nominees Nominee/	Relationship	Specification of Share	C
ronmiees			Contact Number
Imron Ichan	D. 4		
Chan	Brother	100	0300-3161527
Rehman What.	Broths		5101309
which.	Brothes	(00)	0308-5978766
			0300-3170706
v.	(In case of death o	first choice) - 2nd Option	
Name of Nominee/	Tr	- Option	,
Nominees	Relationship	Specification of Share	Contact Number
1. OHditees		;	Contact Number
	1 2 1 1	•	
			·
hereby certified the con-			
a cereby certified that the abo	ve noted member(s	e) of my family mentioned	are wholly dependent upon
ne.		, — introlled	are wholly dependent upon
ne earlier nomination		и — — — — — — — — — — — — — — — — — — —	
ne earlier nomination made	by me (if any) may	y kindly be treated as canc	elled and of of
		, calle	cried and of no effect
DATED:		SIGNATURE OR TH	IUMB IMPRESSION OF
		THE EN	MPLOYEE
09-09-2026		10:1	
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