

## [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 As a dull 1 s/d/w/o Away Zeb bearing  CNIC # 21202 - Uo and 49 working as 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/ Relationship Specification of Share Contact Number  Nominees  Contact Number  Name of Nominee/ Relationship Specification of Share Contact Number  Name of Nominee/ Relationship Specification of Share Contact Number  Name of Nominee/ Relationship Specification of Share Contact Number  Name of Nominee/ Relationship Specification of Share Contact Number  Name of Nominee/ Relationship Specification of Share Contact Number  Thereby 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 THUMB IMPRESSION OF THE EMPLOYEE					
CNIC # 21202 - Ucatubua working as CH hereby 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.  (First choice)  Name of Nominee/ Nominees  Contact Number  Contact Number  Contact Number  Name of Nominee/ Nominees  Relationship Specification of Share Contact Number  Name of Nominee/ Nominees  Relationship Specification of Share Contact Number  Name of Nominee/ Nominees  Name of Nominee/ Nominees  Relationship Specification of Share Contact Number  Name of Nominee/ Nominees  Name of Nominee/ Nominees  Saced  Brother 100%  O302433480  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 THUMB IMPRESSION OF	Nomination for Death Insurance for CTC Employees				
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Name of Nominees Relationship Specification of Share Contact Number  Saif Mah Brother 100/0 0302934801  (In case of death of first choice) - 2nd Option  Name of Nominees Relationship Specification of Share Contact Number  Nominees Relationship Specification of Share Contact Number  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 THUME IMPRESSION OF	beneficiary(ies) to receive the death insurance amount (sum assured) in the				
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