

[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 Racial 111	Toricle Employees
Tylle lenast	s/d/w/o Muhummad Ashsaf bearing
nominate the person/ persons mention	hereby
beneficiary(ies) to receive the death insurar	hereby hereby hereby who is/ are member(s) of my family as note amount (sum assured) in the event of my death.
	amount (sum assured) in the event of my death.
	(First choice)
Name of Nominee/ Relationship	
Nominees	Specification of Share Contact Number
	4 .
11	
Lubna wife Naikdad Brother	100% 83004085009
0/07/20	0 % 03022079977
Brother	0 % 03022079977
	1030280 11011
(In case of deat)	h of first choice) – 2 nd Option
Nome - Chi	n of first choice) - 2 nd Option
Name of Nominee/ Relationship	Specification of Share Contact Number
ronditees	Contact Number
9 9	
M. Bshraf Solher	1
- John Ca	100% 030022385774.
7.	
I hereby certified that the above noted memb	er(s) of my family mentioned are wholly dependent upon
me.	the fill the fill oned are wholly dependent upon
The earlier nomination made 1	
if any)	may kindly be treated as cancelled and of no effect
	•
DATED:	SIGNATURE OR THUMB IMPRESSION OF
	THE EMPLOYEE
11,7.2024	
	(R)