

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

Form of	Non		
Form of Nomination for Death Insurance for CTC Employees			
1 M-15 ray	2/	d/w/o M	1 1
I <u>M-15 YAY</u>			
CNIC # 212.03-81 27383-5 working as C-H-W 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			
beneficiary(ies) to receive the death insurance amount (sum assured) in the event of my death.			
		irst choice)	
Name of Nominee/ Nominees	Relationship	Specification of Share	Cartain
1 voitimilees		oz oriare	Contact Number
D /			
Rimshah M. Saad	Daughter	1007	0331-3122773
M. Sand		1	
	307)	200%	0331-3122773
		+ 1	•
,	(In case of death of	first choice) - 2nd Option	
Name of Nominee/			
Nominees	Relationship	Specification of Share	Contact Number
Samid	b 17	10001	
Jaronic	Brother	100%	0331-2289791.
		3 1/2	
I hereby certified that the al	Ove noted mon-1		are wholly dependent upon
me.	ore niember(s) of my family mentioned	are wholly dependent upon
The continue			, I more aport
The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect			
		y or arcuica as cano	elled and of no effect
*		•	*
DATED:		SIGNATIBEOD	
	SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE		
0910912024			
		- IAC	