

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

Form of N	Omination for D		
Form of Nomination for Death Insurance for CTC Employees			
I_SHAHFAISAL	S/	d/w/o ABDILL	nums F
CIVIC # 2/203 0191	123.6.7	d/w/o ABDULA	
CNIC # 2/203 US952-3-7 working as C.H-W hereb			
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.			
(First choice)			
No.		nst choice)	
Name of Nominee/	Relationship	Specification of Share	Cartain
Nominees		T OI OITALE	Contact Number
<i>p</i>			
Ka2 mina	1	-	1211 985
Ra3 mina ARSALan	wise	Book 1	0346 2952122
ARCALAN			346 2952122
VINITOUR	Son	30 %	396 295 2122
(In case of death of first choice) - 2nd Option			
Name of Nominee/	Relationship	Specifical: 60	
Nominees		Specification of Share	Contact Number
			•
ADans	1		101
ARSALAN	(871	50%	6346
		5-7-	2952122
I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon			
me.		y and raminy mentioned a	ire wholly dependent upon
	17 - 24:1	and the second s	
The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect			
as cancelled and of no effect			
	Year Co.		• .
1			
DATED:	TO THE PARTY OF TH		
THE EMPLOYEE			APLOYEE .