

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

	10m - June 2024]
Form of Nomination for	
I Farman Ullah	Death Insurance for CTC Employees
CNIC # 21203 - 55 24 0000	s/d/w/o tawa Bhel bearing
CNIC # 2/203 - 5529297 nominate the person/ persons mention	working as hereby
	working as hereby ed below who is/ are member(s) of my family as ace amount (sum assured) in the event of my death. (First choice)
Name of Nominee/ Relationship	Specification (C)
Nominees	Specification of Share Contact Number
Hawas Khel Fattes	For insurance 03044348008
Aman Brother	n Aic
(In case of death	n of first choice) - 2 nd Option
Name of Nomina /	
Nominees Relationship	Specification of Share Contact Number
Hawaskhel Father	For Insurance 03044348008
I hereby certified that the above noted membe	er(s) of my family mentioned are wholly dependent upon
me.	in the standard are wholly dependent upon
The earlier nomination made by me; (if any) n	nay kindly be treated as cancelled and of no effect
	and of no effect
A common particular and the common particula	
DATED:	SIGNATURE OR THUMB IMPRESSION OF
18-9-24	THE EMPLOYEE
	J-dit