

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

Form of			÷ .	
Form of Nomination for Death Insurance for CTC Employees				
1 Marmad Pupir Shan sidialo Khaice Co				
CNIC# K/X00 000/ 8 PC- Z				
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)	and event of my death.	
Name of Nominee/	(r : 51)			
Nominees	Relationship	Specification of Share	Contact Number	
Basrina	0.1			
01111	wife	For Insurcence	0308 2288860	
Safrullah	Son	2	Nic	
			7 5/6	
,	(In case of death	of first choice) – 2 <sup>nd</sup> Option		
Name of Nominee/			$\epsilon^{j}$	
Nominees	Relationship	Specification of Share	Contact Number	
D				
Basrina	guile	Formsum		
		For msurance	368 2288 860	
I horobra a sico a a				
I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon				
701		J	are whonly dependent upon	
The earlier nomination ma	de by me (if any) ma	y kindly he treated as	77 7	
The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect				
x			-1	
DATED:		SIGNATURE OR THUMB IMPRESSION OF		
18-9-24		THE EN	MPLOYEE	