

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

Form		
T D at	of Nomination for Death Insurance for CTC Employees	
12/15/4	s/d/w/0 A/-1 1/1	
CNIC # 2/203	persons mentioned below and the bearing th	ıg
itoininate the person	Working as	77 <i>r</i>
beneficiary(ies) to recei	persons mentioned below who is/ are member(s) of my family a re the death insurance amount (sum assured) in the event of	as
	persons mentioned below who is/ are member(s) of my family a rethe death insurance amount (sum assured) in the event of my death.	
	(First choice)	
Name of Nominee/	Relationship Specification of Share Contact Number	
2 ton miees	Contact Number	
KHadina	6	
KHadim	Brother 5-% 03018197184	-
ASAD		
	50 % 0349 840 4658	
	7 37/8997638	
,	(In case of death of first choice) – 2 nd Option	
Name of Nominee/	ID 7	
Nominees	Relationship Specification of Share Contact Number	7
0		
Zaid	50 may 150 %	-
	150% 150% 03018197184	
I harobreas vice a s	77167	
me certified that the	bove noted member(s) of my family mentioned are wholly dependent upon	
	mentioned are wholly dependent upon	
The earlier nomination m	de by me (if any) may kindly be treated as cancelled and of no effect	
	, that will have kindly be treated as cancelled and of no effect	
,	The state of the s	
DATED:	SIGNIATION	
1-19/2-24	SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE	
121417214	I LET A EVENT ENTRY DIVINITY OF THE	