

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

4			F
Form of Nomination for Death Insurance for CTC Employees			
Larid Ulla L			
s/d/w/o AKYam Inn			
I farid ullah sold/w/o AKYam Jam bearing  CNIC # 2120468/83823 working as AS Lova Maina hereby  beneficiary(jes) to receive the I will be a member (s) of my family as			
nominate the person/ persons mentioned by			
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)		
Name of Nomines /			
Nominees	Relationship	Specification of Share	Contact Number
		*	Contact Number
^			
Asma	111/0	1 1	
		100%	03369287284
			- 7
(In case of death of first choice) - 2nd Option			
Name of Nominee/	Relationship		-
Nominees		Specification of Share	Contact Number
			•
abdul m. in	1	2	
Abdul Munis	Drother	100%	211/3112515
			03469113218
I hereby certified that the all			
I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon			
The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect			
	may kindly be treated as cancelled and of no effect		
*	William Control		

DATED:

5/9/2024

SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE

fad