TRAININGS
CONSULTING

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

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Form of Nomination 6					
	Form of Nomination for Death Insurance for CTC Employees				
s/d/w/o Salado ou					
					MVI bearing
	nominate the	10 9-793	33832	working as A/e	the last and
CNIC # 2120 4-9933 832 working as A/s (110 lose Miana nominate the person/ persons mentioned below who is/ are member(s) of my feather beneficiary (ies) to receive the death insurance amount (sum assured) in the event of my deather than the second of the death insurance amount (sum assured) in the event of my deather than the second of					member(a) of hereby
					n the exert of my family as
					it the event of my death.
			(Fi	rst choice)	
	Name of Nom	inee/	Relationship	Specification (C)	
	Nominees			Specification of Shar	e Contact Number
				e:	
	Nimra	12.1			02-
	101111000	10101	WIFE	150%	0333-9538445
				* - :*	
	(In case of death of first choice) - 2nd Option				
	Name of Nominee/ Relationship Consider the Choice - 2nd Option				n
	Nominees	nee/	Relationship	Specification of Share	
	rommitees			2 Share	Contact Number
	Kashiz	1	D 11		
	0.11.4	W 1.8	13 rogher	150%	0305-9192019
	_=				11/1/9
I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon					
	me.		inchiber(s)	of my family mentione	d are wholly dependent upon
	The conline			8 * * * * * * * * * * * * * * * * * * *	_
The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect					
				y to treated as cal	ncelled and of no effect
				<u>,</u>	-Ģ
	DATE			CICNIAMITTO	
	DATED:			SIGNATURE OR T	HUMB IMPRESSION OF
	05/09/0	0024		THE	EMPLOYEE
		0/			-01/-