

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

Form of i	Jones		•
Form of Nomination for Death Insurance for CTC Employees			
1 Tig Waln siding Tall al			
I Ht19 Wall s/d/w/o Jaffan 8heh bearing  CNIC # 21202 - 99 \$ 8085-7 working as A5  horsely			
nominate the person/ nowing as			
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 arrange family as			
beneficiary (ies) to receive the death insurance amount (sum assured) in the event of my death.			
(First choice)			
Name of Nominee			
Nominees	Relationship	Specification of Share	e Contact Number
		,	- Transfer T VILLIDET
Mashal			
1 lashar	1 Son	100%	021000
			03189478117
4.		* ***	
(In case of death of first choice) – 2nd Option			
Name of Non-i			
Nominees	Relationship	Specification of Share	Contact Number
			·
81 111.		1	
8 hang bibi	wife	1000/0	. K-21 D 4 1
			63189478117
I hereby certified that the above			
I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon			
The same of the sa			
The earlier nomination made by me (if any) may kindly be true.			
The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect			
+	A Paris de la companya de la company	,	
DATE		CTONIA	
DATED:		SIGNATURE OR THUMB IMPRESSION OF	
10/9/24		THE EMPLOYEE	