

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

			ne 2024]
T (2)	-		is .
Form of N	lomination for D	eath Insurance for C	TC Employees
1 Mall Jan	s/	d/36/0 110	1.1
CNIC # 21203-5186	445-9	1. O	bearing
nominate the person/ p	ersons mentioned	below who is	bearing Supervisor hereby member(s) of my family as
beneficiary(ies) to receive t	he death insurance	amount (sum assured)	member(s) of my family as
			ar the event of my death.
Name of Nominee/	[6 1 251]	rst choice)	
Nominees	Relationship	Specification of Shar	e Contact Number
Sohana	1.1.7		
Sohana	11/17	100 %	0345-6137274
Shayan	Son	500/6	0345-6137274
	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	30/8	1/
*	(In case of death of	first choice) - 2 nd Optic	
Name of Nominee/			on
Nominees	Relationship	Specification of Share	Contact Number
Muhd Danyaf		1	
- / 11		100 %	0345-6137274
I hereby certified that the abo			
me.	ve noted member (s) of my family mentions	ed are wholly dependent upon
The earlier nomination			T T T T T T T T T T T T T T T T T T T
The earlier nomination made	by me (if any) may	kindly be treated as ca	ncelled and of no effect
			1.0 CARCCE
D. 1. 55-		STON.	
DATED:		SIGNATURE OR T	THUMB IMPRESSION OF
		OS THE	EMPLOYEE
:	TOTAL CANADA		
a 1 1		12-9-2021	1