

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

Form of Nomination for I	Death Insurance for CTC Employees
I Adagn Hussuin	/d/w/o Acl Chufar bearing
CNIC # 21203377170-9 nominate the person/ persons mentioned	bearing
nominate (1	working as
handline the person/ persons mentioned	d below who is / are hereby
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 event of my death.	
	in the event of my death.
	First choice)
Name of N.	
Nominees Relationship	Specification of Share Contact Number
Nonunees	Specification of Share Contact Number
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Inam Hussain Boother	11001
	INSURVANIE 03329194653
Sadam Hussin Brother	11
Souri Die May	03334275376
	130/6
(In case of death	of first shairs) as a
(In case of death of first choice) – 2 nd Option	
Name of Nominee/ Relationship	Specification of Share Contact Number
Nominees	Specification of Share Contact Number
300	
Gul Grafar Tather	
ayar Mher	msurance 03360955698.
	30 36 70
I hereby certified that the above noted many	(s) of my family mentioned are wholly dependent upon
me.	s) of my family mentioned are wholly dependent
	acpendent upon
The earlier nomination made by modificant	
made by me (if any) ma	y kindly be treated as cancelled and of no effect
	and of no effect
	STON THE PROPERTY OF THE PROPE
DATED:	SIGNATURE OR THUMB IMPRESSION OF
9/9/201	THE EMPLOYEE