

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

Form	634		
rorm o	t Nomination for I	Death Insurance for C	TCEmployees
	1 18	111	
CNIC # 2/2032 nominate the person/	2164-10	/a/w/o_ Hmi	n gul bear
nominate the	-tou 4719	_working as A	
beneficiary(ics) to	persons mentioned	d below who is/ are	member(s) of my family
dies) to receiv	e the death insurance	e amount (sum assured)	member(s) of my family in the event of my death.
		First choice)	and event of my death.
Name of Nominee/	1: 1:21:		
Nominees .	Relationship	Specification of Sha	re Control N :
			re Contact Number
(11/11/200	6		
Safwan	Son	50%	10-/ 0= 0
Ayub			0306.350919
71700	Son	50 %	
	(In case of doath	60	
Name of NI	() cape of death (of first choice) – 2 nd Optio	on .
Name of Nominee/ Nominees	Relationship	Specification of Share	
		2 Chare	Contact Number
Duwa			
Dung	Daughter	100%	
nereby certified that it			
e.	bove noted member(s) of my family mentions	ed are wholly dependent upor
		, , , , , , , , , , , , , , , , , , , ,	date wholly dependent upor
ne earlier nomination ma	de by me (if any) ma	··]-: 17 1	
	, , , , , , , , , , , , , , , , , , ,	y kindly be treated as ca	ncelled and of no effect
• •			
			u
ATED:		SIGNATURE OR 1	THUMB IMPRESSION OF
0/09/024		THE	EMPLOYEE
(A)	. H 1714 7 (11		