

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

	l ju		*
Form of Nomination for Death Insurance for CTC Employees			
I Hassain soldwo Zakit-hussain bearing CNIC # 1203-8425385-9			
CNIC # 11203-8435385-9 working as AS hereby			
nominate the person/ persons working as horoby			
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 control of the death insurance amount (sum assured) in the death insurance amount (sum assured) in the death insurance amount (sum assured) in the death insurance amount (sum a			
beneficiary(ies) to receive the death insurance amount (sum assured) in the event of my death.			
(First choice)			
Name of Nominee/ Relationship C. :			
Nominees Nominee/	Relationship	Specification of Share	
1 tonniees	100	i di di di di di	e Contact Number
ZaxtaTe			
200 (0.00	mollet	25 %	0300.3162917
Hood-Zia	1.7		3003102117
2)4	Jalize	25%	
	(In case of death of	first choice) - 2nd Option	
Name of N.	· William death of	inst choice) - 2nd Option	n . ·
Name of Nominee/ Nominees	Relationship	Specification of Share	
140Hittlees .		i oi oi oi oilaie	Contact Number
	10 31		-
Umrias			
100 S	Son	50 %	0300 711505
		,	0300,3162917
I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon			
me.	verioted member(s)	of my family mentioned	d are wholly dependent
-			as which dependent upon
The earlier nomination made by me (if any) may big die			
The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect			
		-, <u>-</u>	•
DATED:		SIGNATURE OR T	HUMB IMPRESSION OF
THE EMPLOYEE			
11/1/ 2024		(1 a lot	M