

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

Form of Nomination for Death Insurance for CTC Employees				
I CHAZALA S. POT				
I GHAZALA SIRAT s/d/w/o SIRAI MUHMMAD bearing CNIC # 1730104367506				
CNIC # 1730104367506 working as A.S. 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.				
(sum assured) in the event of my death.				
(First choice)				
Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number	
- Totalices	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Corruct Ivuiliber	
Division to Co.				
AUKSHNH SIRAJ	MOTHER	FUL SHARE	03439123399	
ANEELA SIRPI	SiSTER	FILL CLIPPE	03439123322	
		TUL DEITRE	05459123322	
(In case of death of first choice) – 2 <sup>nd</sup> Option				
Name of Nominee/	A 30.911			
Nominees	Relationship	Specification of Share	Contact Number	
I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon me.				
me.	e noted member (	s) of my family mentioned	are wholly dependent upon	
The corlier and in				
The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect				
	SIGNATURE OF THE AFT A CONTRACTOR			
DATED:		SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE		
02-09-2024		5021 48		