

DATED:

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

Form of Nomination for De	ath Insurance for CTC Employees
paces culara	
	ocarnity .
nominate the person/ persons mentioned	below who is hereby
beneficiary (ies) to receive the death insurance	below who is/ are member(s) of my family as mount (sum assured) in the creation
beneficiary(ies) to receive the death insurance a	mount (sum assured) in the event of my death.
Name of N	st choice)
Name of Nominee/ Relationship	Specification of Share Contact Number
Nonlinees	Contact Number
101 01 1	
Mushal Gull Father	50 % 0335-0999442
Na.7 11 120.	0333-0711942
May Wale Brother	50 % 0335-9377474
	1510 1511414
(In case of death of t	irst choice) - 2nd Option
Name of Noming	Option
Nominees Relationship	Specification of Share Contact Number
3.00	- Cornact Ivalities
ARSALAN Con	
ARSACAN Jon	100 % 0335-1906220
I hereby certified that the above noted	
me.	of my family mentioned are wholly dependent upon
The earlier and	: ;
The earlier nomination made by me (if any) may I	kindly be treated as save the
	as cancelled and of no effect
Transition of the state of the	

SIGNATURE OR THUMB IMPRESSION OF

THE EMPLOYEE