

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

Form of	Nomination for Death Ingurarian	
I IS/am-muh	Nomination for Death Insurance for CTC Employees manual s/d/w/o Lawang than bearing	
2.2	s/d/w/o Lawan khan	
CNIC # 2/203,120	persons mentioned below at the hereby	5
nominate the person/	persons mentioned below with hereby	V
beneficiary(ies) to receive	persons mentioned below who is/ are member(s) of my family as the death insurance amount (sum assured) in the	S
	the death insurance amount (sum assured) in the event of my death.	5
	(First choice)	
Name of Nominee/	Relationship Specification of Share	
Nominees	Relationship Specification of Share Contact Number	
101 17		ĺ
July 1	507 50% 03369643090	-
J. J. O ~ Endla	03369643090	
0.0.0	12010 50% 027/01/42 0	
	8077 50% 03369643090 8077 50% 0336-9643090	
	(In case of death of first choice) – 2 nd Option	
Name of Name		
Name of Nominee/ Nominees	Relationship Specification of Share Contact Number	
110minees .	Specification of Share Contact Number]
1,710		
et iju	100 /00 % 03369642090	
	100 % 03369643090	
I hereby certified that it		1
me	pove noted member(s) of my family mentioned are wholly dependent upon	
	and the wholly dependent upon	
The earlier nomination made	le by me (if any) may kindly be treated as cancelled and of no effect	
	me (if any) may kindly be treated as cancelled and of no office	
•	and of the effect	
DATED	SICNIATION	
DATED:	SIGNATURE OR THUMB IMPRESSION OF	
9/9/2-211	THE EMPLOYEE	