

[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 Rahmat walk s/d/w/o 29xwak bearing			
CNIC # 2120 2 7-93 147 7			
nominate the person/ never working as			
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.			
and ance amount (sum assured) in the event of my death.			
	(Fi	rst choice)	
Name of Nominee/	Relationship	Specification of Share	
Nominees	1	opecation of Share	Contact Number
7			
Larwali	Father	(D) N	
Zarwali M. Olyas	l b	100%	03339363803
regar	1 20m	100%	03329409640
(In case of death of first choice) - 2nd Option			
Name of Nominee/ Nominees	ID TO	Specification of Share	
Nonunees		- Femication of Share	Contact Number
D		•	
Kahmat wali	wite	1-2	
	0	1001	03338979259.
I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon			
me.	a nichiber(s)	of my family mentioned	l are wholly dependent upon
The earlier nomination made by makes			
The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect			
,			
DATED:		SICNIATIVA	1
4		SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE	
15/08/2011	1 4 1 1 - 1	:	TATE TO LEE