

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

Form of Nom	ination for		•	
Form of Nomination for Death Insurance for CTC Employees				
CNIC # 21203-473 87-1 working as CH-W hereby				
nominate the person/ persons working as CH-W				
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				
beneficiary (ies) to receive the death insurance amount (sum assured) in the event of my death.				
40.7	(F	irst choice)	y steat.	
Name of Nominee/	· 101			
Nominees	Relationship	Specification of Shar	e Contact Number	
			- office 14 milber	
Subbai				
Subham ullah	Son	N I	4337	
AbblHriva			0332-9009865	
TOUR THY	300		0222 00000	
			0332-9009865	
(In case of death of first al.				
(In case of death of first choice) – 2nd Option Name of Nominee/ Relationship of Section 1989				
Nominees	Relationship	Specification of Share	Contain	
22 (2)			Contact Number	
Mugaddas		1		
1 / Cagacaas	Son			
	144.1		0332-9009865	
I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon				
me.	ted member(s	of my family mentioned	J	
		, many recretionie	are wholly dependent upon	
The earlier nomination made by me (if any)				
The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect				
• ## ## ## ## ## ## ## ## ## ## ## ## ##	### ##################################		- CITCLE	
DATED:		SIGNATURE OR THUMB IMPRESSION OF		
18-09-201		THE EMPLOYEE		