

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

Form of Nomination for Death Insurance for CTC Employees			
1 Death Insurance for CTC Employees			
s/a/w/o_sneheen shah			
CNIC # 21203 - 3563571-5 bearing			
CNIC # 2123-3563571-5 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.			
as a secret the death insurance amount (sum assured) in the event of			
at the event of my death.			
(First choice)			
Name of Nominee/	11 1 201 1		
Nominees	Relationship	Specification of Share	Combana
			Contact Number
1	-		
Basrina Bibi	NA IT		
DW 811/12 151161	Mother		A072 95 15
Λ.			0333-9562931
Amina Bibi	wife		
			0333-9562931
4	(In case of days)		,
(In case of death of first choice) – 2nd Option			
Name of Nominee/	Relationship		
Nominees	Relationship	Specification of Share	Contact Number
			- Osmaci Number
A A O	3 : 8:		
KoduWah	Don		
. 55 0 0 0 0	1000	(2	33-9562931
0303 [302 [3]]			
Thereby covide the			
I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon			
ine. The standing mentioned are wholly dependent upon			
The east:			
The earlier nomination made by me (if any) may be used			
The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect			
			and of 110 effect
ė.			i i
DATER			
DATED:	SIGNATURE OR THUMB IMPRESSION OF		
THE EMPLOYEE			
15-07-2024 A SPMA			
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