

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

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Form of Nomination for Death Insurance for CTC Employees			
I Abdul Majid Sold Insurance for CTC Employees CNIC # 21202 7800 (1/3 9) bearing			
nominate the name 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 family as			
and event of my death			
Name of Nominee/		irst choice)	
Nominees	Relationship	Specification of Share	Contact Number
16 m	THE STATE OF THE S		Contact Number
1 Cerran	Son	- Fu 10	
Samid Ullah		full	0335-9391967
	1 30 //	Fuel	0835-93 91967
*	(In case of death of		
Name of Nominee/	Polotical	first choice) - 2 nd Option	
Nominees	Relationship	Specification of Share	Contact Number
Tile	30 110		·
lativa	Daughter	Fall 5	302-406/642
I hereby cortification			302-906/642
I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon The earlier porces			
The earlier nomination made a			
The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect			
,	A Constitution		or no effect
DATED:		SIGNATURE OR THUI	ACT TO STORY
17-09-2ml		THE EMP	LOYEE LOYEE
	M 30.	A A	(*)