

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

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Form of Nomination	
I Amiy 1100	Death Insurance for CTC Employees
11 118	131 1
CNIC # 11203 - 6895 842-7 nominate the person/ persons mentione	Sold/w/o Tayyab Olah bearing
nominate the person/	_ Working as _ C//A)
beneficiary(ice) to	working ashereby d below who is/ are member(s) of my family as e amount (sum assured) in the event of my death.
to receive the death insurance	e amount (sum as it in the moer(s) of my family as
	assured) in the event of my death
	First choice)
Name of Nominee/	
Nominees Relationship	Specification of Share Contact Number
	Contact Number
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Manghil Marghton	
1 Janaha Daughtox	(0.1
Paris Transfer of the Control of the	0306 85491.10
Faizan	50%. 0306 8549449 50%. 0306 8549449
5011	Jol. Wataria
	1000 00 47 448
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(in case of death of	of first choice) - 2nd Option
	- Option
Nominees Relationship	
Nominees	Specification of Share
Nominees	Specification of Share Contact Number
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