

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

		in interior jorni - jui	ne 2024]
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Form of Nominati	on for Death	Imagen	
Form of Nomination for Death Insurance for CTC Employees I			
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CIVIC# 21203-89997	TATO	oleim -	Carning
nominate the person / 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.			
, , a sociate me weam.	nsurance amou	int (sum assured)	in the execut of many as
		,	at the event of my death.
	(First cl	noice)	
Name of Nominee/ Relati			
Nominees	ionship Sp	ecification of Shar	e Combata
		1 - 1	e Contact Number
Shehyar So		7	
31101101	N	50 0/0	2
1 10 501	13 1 7	// -	0301-5938611
Daniyal Son		50 0/0	
1 1 1 1		50 10	0301 -5938611
			3 / 30011
(In case -	(7		, i
(In case of death of first choice) - 2nd Option			
Name of Nomina /			
Nominees	onship Spec	ification of Share	Contact N
			Contact Number
11 pt			
hi cu i b			
Ali Shah Brott	Nev :	100%	0215 500
		100 10	0345-5870848
	; · · ;		
I hereby certified that the above noted r me.	noine I ()		*
me.	nember(s) of m	y family mentioned	dare wholls, de
			attre whorly dependent upon
The earlier nomination made la		1	
The earlier nomination made by me (if	any) may kind	ly be treated as car	
		, and as cal	icelled and of no effect
	, *		()
DATED:		IGNATURE OF T	LITTO DE LA CONTRACTA
0101016		יי יינויי ביינויי ביינויי	HUMB IMPRESSION OF
7171047		TITE	EMPLOYEE
in this	1 1 2		