

## [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			
Death Insurance for CTC Employees			
I Naveed Chain			
I Naveed Ichan s/d/w/o Asar Ichan heaving			
CNIC # 21203-705(1) 100-0			
nominate the percent working as C. H. III			
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			
scrienciary (les) to receive the death insurance amount (sum asserted to the death insurance amount (sum asser			
beneficiary(ies) to receive the death insurance amount (sum assured) in the event of my death.			
(First choice)			
No.		ior choice)	
Name of Nominee/	Relationship	Specificalia	
Nominees		Specification of Share	Contact Number
Sajid-Ali	h		
Jajia-Ny	Brother	500/	
		50%	0301-4413406
Lugman Kha	LR-Allery		
Y To Took	DICTION	50%	0301-8878199
			9501 8878119
(In case of death of first all and all all and all and all and all all and all all and all all all and all and all all all and all all all all all all all all all and all all all all all all			
(In case of death of first choice) - 2nd Option			
Name of Nominee/	Relationship	C :C	4
Nominees	- Cardonsinp	Specification of Share	Contact Number
1 1			
Lalpari BiBi	Mother	1000	
	iome	100%	0302-5910550
,	1 1		- 3 /(0330
I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon			
me.	i i i i i i i i i i i i i i i i i i i	or my family mentioned	are wholly dependent upon
	·   Yill of the		y of extremit apon
The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect			
may kindly be treated as cancelled and of no of			
salectica and of no effect			
•			
DATED:		SIGNATURE OR TH	IUMB IMPRESSION OF
		THE	MDI OAEE
10 - 09 - 2024			
(N)			