

[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 <u>Saadat Husseun</u> s/d/w/o <u>P Zarama (Chan</u> bearing CNIC # 21203 - 0602199-7			
I Saadat Hu	sserin s	diffula Toxan	10/
CNIC # 21203-06	07/99-7	411W/0 1201av	Mo (Chan bearing
CNIC # 21203 - 0607 99-7 working as CHU hereby beneficiary(ies) to receive the death insurance amount (sum assured) in the			
beneficiary(ies) to receive to	he death insurance	amount (sum assured) in	ember(s) of my family as
			the event of my death.
Name of N	11 2 251	irst choice)	
Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
	The state of the s		- January 1 villipel
Rabzal	-2		
PCO220	Wete	60%	0303-8285935
			03-3 0203 733
	(In cose of days		
(In case of death of first choice) – 2 nd Option			
Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
			·
To Hussem	1 17 1. 11		
Jasim Com	Nephow	100%	0303-8285935
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I hereby certified that the abome.	ove noted member(s	of my family many	
me.		y or my fairlify mentioned	are wholly dependent upon
The earlier nomination mad	e by me (if any) may	-1 11 1	
The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect			
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DATED:		SIGNATIBE OF THE STATE	
Clala:		SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE	