

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

Form of M			:
TOTHEOLING	mination for D	eath Insurance for CTC	Employees
- Haseema	\$/	d/W/o Mulaman	
I Haseema CNIC # 21203 6046 9 nominate the person/ per	e8 -0	THE TECHNISTY	bearing
nominate the person/ per	Sons mentioned	working as C.H.	hereby
nominate the person/ per beneficiary(ies) to receive the	death insurance	amount (are me	ember(s) of my family as
		(assured) if t	he event of my death.
NT.	(F	irst choice)	
Name of Nominee/ Nominees	Relationship	Specification of Share	C 1 1 1 2 7
		S Situic	Contact Number
m. mugadir	brother	100 %	124502424
			03459747663
, (2	In case of death of	first choice) - 2nd Option	
Name of Nominee/			i i
Nominees	Relationship	Specification of Share	Contact Number
1			
<i>f</i>	1	/	
		(
71-1			
I hereby certified that the above me.	e noted member(s) of my family mentioned a	70 7:1-17:1
		Justicioned a	ne wholly dependent upon
The earlier nomination made b	y me (if any) may	z kindly ha t	
		kindly be treated as cance	elled and of no effect
	The state of the s	•	
DATED:		SIGNATIBEOD	ID CD TO CO
		THE EN	UMB IMPRESSION OF IPLOYEE
3-9-2024		(1) William	
	364444		
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