

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

Form of NI		
Form of Nomination for	Death Insurance for CTC	Employees
I Zain ullah CNIC# 21903-9903-003	S/d/w/o Maxke	2501
CNIC # 3 1203- 22020	- Zapic	bearing bearing
CNIC # 1203-220 CNIC # nominate the person/ persons mention	working as CHu	V hereby
nominate the person/ persons mention beneficiary(ies) to receive the death insuran	ed below who is/ are m	ember(s) of my family as
	in assured) in	the event of my death.
	(First choice)	
Name of Nominee/ Relationship	Specification of Share	
Nominees	i - Land of Sitale	Contact Number
Zaxicaish Father	100%	03334132 479
The state of the s	79	03022943535
9 14		
(In case of death	n of first choice) – 2 nd Option	•
Name of Nominee/ Relationship		
Nominees	Specification of Share	Contact Number
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
90 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		
Thereby could by	,	
I hereby certified that the above noted memberne.	er(s) of my family mentioned	are wholly dependent upon
() -3,1		
The earlier nomination made by me (if any) $_{ m r}$	nay kindly be treated as cano	
	January Carlo	ened and or no effect
	•	
DATED:	OATED: SIGNATURE OR THUMB IMPRESSION OF	
THE EMPLOYEE		
0-)-2024	/	1
		11/2