

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

Form of Nomination for Double	
Form of Nomination for Death Insurance for CTC Employees	
Value 12 and 1	
CNIC# 01001 (1) (1) (1)	bearing
nominate the person/ persons mentioned by	hereby
nominate the person/ persons mentioned below who is/ are member(s) of my far beneficiary(ies) to receive the death insurance amount (sum assured) in the	nily as
beneficiary(ies) to receive the death insurance amount (sum assured) in the event of my death	l.
(First choice)	
Name of Nominee /	
Nominees Relationship Specification of Share Contact Numl	201
	,,,,
Klara also	
Khur shid Father 100% 22000	0
Andrew 100% 030152109,	.0.
1- 100 / 0301 83049	2/2
3307	100
(In case of death of first choice) – 2nd Option	
Name of Name o	
Name of Nominee/  Relationship   Specification of Share   Contact Number	
Nominees Specification of Share Contact Number	î
	- Andrews
Mehraban Brother 1000 02-183	
100% 03018304860	
I hereby certified that the above noted member(s) of my family mentioned are wholly dependent me.	
me.	upon
The earlier nomination made by	
The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect	
C CITCLE	
The state of the s	
DATED: SIGNATURE OR THUMB IMPRESSION O	)E

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