

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

Form			
I Palant	Nomination for D	eath Insurance for C	CTC Employees
CNIC # 212 -2 /	shab s,	/d/w/o	gul bearing
CNIC # 2123 - 60 nominate the person/	1+1023-9	working as	46)
beneficiary(ies) to receive	persons mentioned	below who is/ are	hereby hereby member(s) of my family as
		amount (sum assured) irst choice)	member(s) of my family as in the event of my death.
Name of Nominee/	Relationship		
Nominees	in the state of th	Specification of Sha	are Contact Number
Tazer Chul	Father	100 %	53339864588
	10 mm mm m m m m m m m m m m m m m m m m		1.1
	(In case of death o	f first choice) - 2nd Opti	ion
Name of Nominee/			
Nominees	Relationship	Specification of Share	Contact Number
Nasia bibi	unte	100 %	62012200000
			03013309928
I hereby certified that the al	OVe noted manual (
me.	overloted Hiember(s	s) of my family mention	ed are wholly dependent upon
The earlier nomination made	le by me (if any)		i i i i i i i i i i i i i i i i i i i
	may) may	y kindly be treated as c	ancelled and of no effect
· ·			+
DATED:		SIGNATURE OR	THUMB IMPRESSION OF
lad al	THE EMPLOYEE		
0/4/2014			
:			
:			* *