

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

	June 2024]
Form of Nomination for I	Death Insurance for CTC Employees
	Jeath Insurance for CTC Employees
I Cal Hakim	/d/w/o Ateeb Whan bearing
FIGNIN	Id/w/a ATaala Id
CNIC # 21203-47 6504-5 nominate the person/ persons mentioned	hoosing
nominate (1	working as CLIAA
nonlimitate the person/ persons mentioned	helow who is a hereby
beneficiary(jes) to receive the	below who is/ are member(s) of my family
(100) to receive the death insurance	hereby d below who is/ are member(s) of my family as e amount (sum assured) in the count of
	d below who is/ are member(s) of my family as amount (sum assured) in the event of my death.
	First choice)
Name of Nominee/ Relationship	
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Nominees	Specification of Share Contact Number
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Kahmatullah Brotton	
. Wal allah Booker	(00 % 0777 9075770
	00 90 0337-1035278
KashiA	100000
JON	100 % 03811901047
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