

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

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Form		
I Lalmat	Nomination for Death Insurance for CTC Employees	
CNIC # 21707-1	s/d/w/o Nangarhar Haji bearing	
nominate the person/	persons mentioned below who is/ are member(s) of my family as the death insurance amount (sum assured) in the grant of	
ochericialy (les) to receive	the death insurance amount (sum assured) in the event of my death.	
Name of Nominee/	(First choice)	
Nominees Nominee/	Relationship Specification of Share Contact Number	
Gut meit	Brother 100%	
	0352-9688168	
	(In case of death of first choice) – 2 nd Option	
Name of Nominee/	II D 3	
Nominees	Relationship Specification of Share Contact Number	
Gul mat	Brother lond, 32001 ppor	
I hereby certified that it	03329688266	
me.	ove noted member(s) of my family mentioned are wholly dependent upon	
The earlier nomination mad	e by me (if any)	
	e by me (if any) may kindly be treated as cancelled and of no effect	
DATED:	SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE	
16/9/2024	GOLD	
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