

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

Form of I	Jomination for Door		
I Mulammad Nova	lim /	n Insurance for CTC	Employees
CNIC # 2/203./2? nominate the person/ p	2 s/d/v	v/o	bearing
CIVIC# 01003.101	24176-1	outing Rale	
nominate the person/ p	ersons mentioned be	orking as ( A)	hereby
beneficiary(ies) to receive t	ne death incurones	low who is/ are me	hereby ember(s) of my family as
beneficiary(ies) to receive t	and ance amo	ount (sum assured) in t	the event of my death
	(Firet	choice)	,
Name of Nominee/	THE CHARLE	CI(OICE)	
Nominees .	Relationship	Specification of Share	
Tronunces .	The second secon	producation of Share	Contact Number
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	100 mm		00017-6901925
	(In case of death of Com		
(In case of death of first choice) – 2nd Option			
Name of Nominee/	Relationship   Spe	ocification (C)	,
Nominees		ecification of Share	Contact Number
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The state of the s			
I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon			
me.	of the triemper(s) of	my family mentioned a	TE Wholly done 1
			dependent upon
The earlier nomination made	hy me (if and)		
	may kir	idly be treated as cance	elled and of no effort
* .			or no entect
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