

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

Form of	Nomination C		
T	Troillianon for L	Death Insurance for CTC	Employees
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CNIC # 17201-20			•
nominate the person/	Dersons	_ working as	HW
beneficiary(ies) to receive	the death in	l below who is/ are m	here here here here
,	anc deadt insurance	below who is/ are me amount (sum assured) in	the event of my death
	(I	First choice)	,
Name of Nominee/	19 (3.231)		
Nominees	Relationship	Specification of Share	Contact Number
	100 mm 1		
	σ.		· .
2 7	(iii case of death o	of first choice) - 2nd Option	,
Name of Nominee/ Nominees	Relationship		
Nominees		- Former of Share	Contact Number
	200 - 100 M		
h			
nereby certified that the al	ove noted member(s) of my family many	·
ho couli		s) of my family mentioned a	are wholly dependent upor
ne carner nomination mad	le by me (if any) ma	y kindly be treated as com-	-11 1
		y kindly be treated as cance	elled and of no effect
a .	distribution of the state of th		
DATED:		SIGNATITE OF THE	III (III II) (III III
2/9/024	***	THE EN	UMB IMPRESSION OF MPLOYEE
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