

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

TRAINING CONSULTING	[CTC - HRO - PTPP - Recruitment & Selection - 7.8.5-c-061] [Insurance Nomination form- June 2024]
Form	f Non-
T Man D	f Nomination for Death Insurance for CTC Employees
- Jamis K	S/d/w/o Dahad ve 10
LIZU JA	( U < U × K
nominate the person/	persons mentioned below who is/ are member(s) of my family as the death insurance amount (sum assured) in (1)
beneficiary(ies) to receiv	re the death insurance amount (sum assured) in the event of my death.
	(Sam assured) in the event of my death.
7.7	(First choice)
Name of Nominee/	Relationship Specification of Share Contact Number
Nominees	Specification of Share Contact Number
Muhammad Hus	nin 5/0 Depended 03341914800
	0334 1914800
,	(In case of death of first choice) – 2 <sup>nd</sup> Option
Name of Nominee/	Relationship   Specification of Share   Contact Number
Nominees	Specification of Share Contact Number
waseem	Brother Depended
	Brother Depended 03315000664
I hereby certified that the	H. Hr. W.
me.	above noted member(s) of my family mentioned are wholly dependent upon
	17 11:1
The earlier nomination m	ade by me (if any) may kindly be treated as cancelled and of no effect
	be treated as cancelled and of no effect
DATED:	SIGNATURE OF THE PROPERTY OF TH
DAIED:	SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE
8/9/2024	Muz