

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

Form of Nomination for Dock I	
Form of Nomination for Death Insurance for CTC Employees  I Muhammad kham s/d/w/o Saja malak bearing	
1 Muhammad lehan sidirila	
CNIC # <u>31303. 5/33385.3</u> working nominate the person/ persons mentioned below	gamalak bearing
nominate the person/ persons mentioned below beneficiary(ies) to receive the death insurance amount	ig as Clair
beneficiary(jes) to reasing persons, mentioned below	who is/ are member(a) hereby
receive the death insurance amount	(sum assured) in the intention of my family as
beneficiary (ies) to receive the death insurance amount (sum assured) in the event of my death.	
(First choice	ce)
Name of Noming	
Nominees Relationship Speci	fication of Share   Contact Number
	Contact Number
Wall	
Maryam mother	
	pended 0333.9655915
(In case of death of first 1	
(In case of death of first cho	orce) - 2nd Option
realite of Nominee/	
Nominees Specific	ation of Share Contact Number
30 1.00	
muhammad Saced Friend Den	
Training Success Frience Dep	ended 02 m2 0
	ended 0303 9002853
I hereby certified that the above noted in	
me. me. me.	amily mentioned are whall
I hereby certified that the above noted member(s) of my fa	and the wholly dependent upon
The earlier nomination made by	
The earlier nomination made by me (if any) may kindly l	De treated as cancelled
	as cancelled and of no effect
DATED: SIG	NATURE OR THUMB IMPRESSION OF
	THE EMPLOYEE
8/4/2024	i i i i i i i i i i i i i i i i i i i
	110.3
	JULA