

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

Form o	f Nomination 6		ŧ
14 11 0	Omittation for D	eath Insurance for CTC	Employees
1 Homes		d/w/o Ba	
CNIC # 21203.737	06250		bearing bearing
nominate the person/	persona !	working as	hereby
beneficiary(ies) to receiv	e the death incomed	below who is/ are m	hereby hereby the assistance in the arms of the arms o
	o are acautinisurance	below who is/ are m amount (sum assured) in	the event of my death.
		rst choice)	,
Name of Nominee/	;		
Nominees	Relationship	Specification of Share	Contact Number
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	1		
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		repercar	03319892296
	(In case of dooth - o	<i>c</i> :	
Nome - Car	( ) death of	first choice) - 2 <sup>nd</sup> Option	,
Name of Nominee/ Nominees	Relationship	Specification of Share	
Tronditees		z of Ditale	Contact Number
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T 1			
nereby certified that the a	bove noted member(s)	Of my famile	2
ne.	3	of my family mentioned a	are wholly dependent upon
The earlier nomination			
The earlier nomination ma	de by me (if any) may	kindly be treated as cance	elled and of no acc
		H 4	area and of 110 effect
P			
DATED:		SIGNATIIRE OR THE	III (III II (III) III
0/-1		THE EN	UMB IMPRESSION OF MPLOYEE
8/9/029		/ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	( .
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