

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

Form of	Nomination			
Form of Nomination for Death Insurance for CTC Employees I Yes CEA Klasses 9/4/4/8 Shah muhammad bearing CNIC # 21203.025 335 9-7				
TOBE EAT	Company of	NI-61- 01	¥ .	
CNIC # 21203-625	3359-7	7.	Dearing	
nominate the person/	20700	working as	. (4)	
beneficiary(ies) to receive	the death insurance	below who is/ are me	ember(s) of my family as	
nominate the person/ persons mentioned below who is/ are member(s) of my family as beneficiary(ies) to receive the death insurance amount (sum assured) in the event of my death.				
	(F:	irst choice)	, , , , , , , , , , , , , , , , , , , ,	
Name of Nominee/	(A : Zi :	and choice)		
Nominees Nominee/	Relationship	Specification of Share		
Tronmiees		i or or or are	Contact Number	
NAM 3				
of desive	Spouse			
NAME Person. Sulaiman.	3 pouse	100 /		
Sulaiman	brother	/ 3		
Evicesy Navo.	brother	100%	730 == 01/6	
			0301-5592697	
			- 1	
(In case of death of first choice) - 2nd Option				
Name of Nominee/		y - Option	•	
Nominees	Relationship	Specification of Share	Contact Number	
		4	- Comact Number	
TOLO	8 10			
19bal	brother			
	1 000 mes	100%	0303-5858942	
I hereby certified that the abo				
I hereby certified that the abo	ove noted member(s	of my family mentioned as	re rathall J	
		, , , , , , , , , , , , , , , , , , , ,	re wholly dependent upon	
The earlier nomination made	hy mo (if			
The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect				
		and of 110 effect		
		• 7		
DATED:		SICNIA TILIDA		
CATED:		SIGNATURE OR THUMB IMPRESSION OF		
8-8-9-91	THE EMPLOYEE			
to de 25	17 - 341 - 11 - 5	Carlial		