

- PTPP - Recruitment & Selection - 7.8.5-c-061] [Insurance Nomination form-]une 2024]

Form of Nomination for Death Insurance for CTC Employees I Bashar Ishan s/d/w/o GHaZi gul bearing CNIC # Al263-719 7005-7 working as C. H.W hereby 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. (First choice) Name of Nominee/ Nominees Relationship Specification of Share Contact Number Cin case of death of first choice) - 2nd Option Name of Nominee/ Nominees Relationship Specification of Share Contact Number Name of Nominee/ Nominees Relationship Specification of Share Contact Number I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon me.	
CNIC # 21263-719 2005 -7 working as C. H.W. hereby 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. (First choice) Name of Nominee/ Nominees Relationship Specification of Share Contact Number (In case of death of first choice) - 2nd Option Name of Nominee/ Nominees Relationship Specification of Share Contact Number Sqlar Rhan Son O311377785 I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon me.	Form of Nomination for Death Insurance for CTC Employees
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DATED:

SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE