

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

Form of No.	
TOTAL OF MOININATIO	n for Death Insurance for CTC Employees
1000)3 ICHAN	s/d/w/a Mala
CNIC # 21203.529/776.	s/d/w/o Muhammad wall bearing working as Chlow hereby
nominate the person/ persons me	entioned below who is hereby
beneficiary(ies) to receive the death in	entioned below who is/ are member(s) of my family as surance amount (sum assured) in the event of my death.
Name of Nominee/ Relation	(First choice)
Nominees Relatio	onship Specification of Share Contact Number
n and the state of	
Muhammadwalli Lath	ev 100 %. 6301.5453812
M. HAMZA Son	
the state of the s	100 % 03015/31138
(In case of	double of C
Name of Name:	death of first choice) – 2 nd Option
Nominees Relatio	nship Specification of Share Contact Number
14. The state of t	
My France Broth	ev
Muzamal 18	100%. 03338962151
Thorston	
me me	ember(s) of my family mentioned are wholly dependent upon
	wholly dependent upon
The earlier nomination made by me (if a	ny) may kindly be treated as cancelled and of no effect
	be treated as cancelled and of no effect
enchary)	
DATED:	SIGNATURE OR THUMB IMPRESSION OF
12/9/024	THE EMPLOYEE
	MGDAN