

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

[Institute Nomination form—]une 2024]
Form of Nomination for Death In
Form of Nomination for Death Insurance for CTC Employees
I Shey Zacla s/d/w/o Gazi Khan bearing comminate the person/ persons mentioned below who is/ are member(s) of my for it
CNIC # 21203-815000100 - Cazi Khan
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
beneficiary(ies) to receive the death insurance amount (sum assured) in the event of my death.
rereby to receive the death insurance and who is are member(s) of my (
assured) in the event of ment as
in the first of th
Name of No.:
Nominees Relationship Specification of Share
Nominees Specification of Share Contact Number
Laiba David 03349482868
Shomail a Divisit de 1
Shomail a Dayel ter
0334-9482868
(In case of doors of
(In case of death of first choice) – 2nd Option
Nominees Specification of Share Contact Number
Contact Number
El III
Elma 11
E 1/8 100 : 1 0/
D334-9482868
hereby certified that the above
me. me.
I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon The earlier page.
The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect
me (if any) may kindly be treated as several
D A TIDD
DATED: SIGNATURE OR THUMB IMPRESSION OF
18-69-2006 THE EMPLOYEE
1-2024
e heep
그는 그는 그는 그는 그는 그는 그를 내려 준내를 가고 있다. 그는