

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

TRAINING & CONSULTING	[CTC - HRO -	PTPP – Recruitment & Sele trance Nomination form– Ju	ction = 7.8.5-c-061]	
		Justin John Justin John Justin	ne 2024]	
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Form o	Nomination for D	eath Insurance for C	TCEmployee	
Form of Nomination for Death Insurance for CTC Employees  I Hammac Kaan s/d/w/o Gul wali  CNIC # 21203 - 6C/22000 Dearing				
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	e the death insurance	amount (sum assured)	member(s) of my family as	
			in the event of my death.	
Name of Nominee/	1 · · Li :	irst choice)		
Nominees	Relationship	Specification of Shar	e Contact Number	
			Contact Number	
ATWa	Devota	EN 6/		
01	Daughtex	50%	0301-3039649	
MANCOR	Daughter	So %		
			0301-3039649	
	(In case of death of	first choice) - 2nd Optio		
Name of Nominee/	Poleti in	- 2nd Optio	n ,	
Nominees	Kelationship	Specification of Share	Contact Number	
		1	·	
Hamajun	Brother	122:1	02.	
V	101102	100%	0301-5942962	
I hereby cortification				
me.	ove noted member(s)	of my family mentione	d are wholly dependent upon	
T1		y	a are wholly dependent upon	
The earlier nomination made	le by me (if any) may	kindly ho tree .	8	
The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect				
	State Color			
DATED:		SIGNATURE OF THE S		
DATED: SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE				
1-0024		(1)		