

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

Form of Nomination for I	Death Insurance for CTC Employees
I_ Itsk lohan	old/w/o Hajat Chan bearing
CNIC # 7/202-/121-25-3	bearing bearing
nominate the person/ person	working as Ayog Supelvision hereby
beneficiary (ies) to receive the death incurred	working as Ayea Supelvision hereby delow who is are member(s) of my family as e amount (sum assured) in the event of my death.
	e amount (sum assured) in the event of my death.
	First choice)
Name of Nominee/ Relationship	Specifical
Nominees	Specification of Share Contact Number
Sahiba Wido	100%
	100% 0333-9097792
The state of the s	
Line and August	
(In case of death of	of first -1.
(In case of death of first choice) – 2 nd Option Name of Nominee/	
Nominees Relationship	Specification of Share Contact Number
1000	·
Ismail Chan Brother	
Ismail Chan Brother	100%
	100% 0304-5834592
I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon	
me.	3) of my family mentioned are wholly dependent upon
The earlier nomination made by	
me (if any) ma	y kindly be treated as cancelled and of no effect
Constant	
DATED:	SIGNATURE OR THUMB IMPRESSION OF
C/0/21	THE EMPLOYEE