

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

Form of Nomination for Death Insurance for CTC Employees I
CNIC # 21203-3872921-5 working as AIC/AS 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 Muhummad Now Brother 100 % 0333 9999333 7 (In case of death of first choice) - 2nd Option Name of Nominee/ Nominees Relationship Specification of Share Contact Number Specification of Share Contact Number Name of Nominee/ Nominees Relationship Specification of Share Contact Number Name of Nominee/ Nominees Relationship Specification of Share Contact Number
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me. me. dependent upon
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The earlier nomination model
The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect
and of no effect
DATED: SIGNATURE OR THUMB IMPRESSION OF
THE EMPLOYEE
Marie
- Maria