

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

Form of Nomination Co.				
Form of Nomination for Death Insurance for CTC Employees				
1 - 1 GISEL Very SId/w/o Klassil I				
CIVIC # 2/203- E 1 0-2 0 0 7th d				
CNIC # 21203-628-6847-9 working as AVEC in charge Ac 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 surface of the death insurance amount (sum assured) in the				
beneficiary(ies) to receive the death insurance amount (sum assured) in the event of my death.				
(First choice)				
Name of Nominee/	Relationship	0 10		
Nominees	The state of the s	Specification of Shar	e Contact Number	
0 1 -				
Mul Jan	Brother	100 4/		
	D. Diver	100 %	03338890501	
			•	
	(In case of death o	f first choice) – 2 nd Optio	in .	
Name of Nominee/	7:	*	,	
Nominees	Relationship	Specification of Share	Contact Number	
			-	
Mahira bibi	1.107	1 /		
3101	I wite	100%	08349365600	
	100			
I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon				
me.		o) of tity family mentione	d are wholly dependent upon	
The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect				
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DATED:		SIGNATURE OR THUMB IMPRESSION OF		
1 6		THE EMPLOYEE		
6/cg/hory		$\mathcal{A} \cdot \mathcal{A}$		
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1		9	ton	
:		10/09	1. Do W	