

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

Form of	Nomination		:
* * * * * * * * * * * * * * * * * * * *	Tommation for De	eath Insurance for CTC	Employees
1 - Marked	sto	1/11/2 A	
CNIC # 21207. 297	2 X 6 _ 1	i/w/oA_(Hezard bearing
nominate the person/	persona	working as	ham.
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.			
7 (,) = 200C(V)	the death insurance a	imount (sum assured) in t	the event of my document
	(Fir	st choice)	or my dead.
Name of Nominee/	Relationship	C	
Nominees		Specification of Share	Contact Number
N			
Abubakar	5/0	1 2000 / 1	
		pendeg	03119945983
*	(In case of death of	first choice) - 2 nd Option	
Name of Nominee/		ansi Choice) - 2nd Option	•*
Nominees	Relationship	Specification of Share	Combination
			Contact Number
M- Suda	9/0		
3000	1270	Defendal &	30877628/6
I have I			
I nereby certified that the al	ove noted member(s)	of my fair 1	
I hereby certified that the alme.		of my family mentioned a	re wholly dependent upon
The earlier nominal		: 1	1 I I I I I I I I I I I I I I I I I I I
daries notification mai	le by me (if any) may !	kindly be treated as some	77 - 7
The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect			
DATED:		CICNIA TILLID	
THE RESIDNOE			
29/2024 THE EMPLOYEE			
0/110			-4