

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

Form of Nomination for Death Insurance for CTC Employees	
s/d/	W/o Zabit Chan A Cristis hearing
CNIC # 21203.667986/+9	Dearing
nominate the person/ persons working as hereby	
beneficiary(ies) to receive the death insurance an	elow who is/ are member(s) of my family as
	tourn (sum assured) in the event of my death.
	choice)
Name of Nominee/ Relationship	Specifical
Nominees	Specification of Share Contact Number
M. Usisal Ela	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Depended 03325765353
100000	0.52 0.7033.)3
1 12 12 12 12 12 12 12 12 12 12 12 12 12	
	· .
(In case of death of fi	rst choice) - 2 nd Option
Name of Nominee	
Nominees	pecification of Share Contact Number
1.100	
13 13 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Sependad 1294 all 5 12
	Depended 0334-9642662
I hereby certified that the above noted member(s) of	f my family mentioned are wholly dependent upon
me.	my family mentioned are wholly dependent upon
The earlier nomination	
The earlier nomination made by me (if any) may k	indly be treated as cancelled and of no office.
	and of 110 effect
DATED:	SIGNATURE OR THUMB IMPRESSION OF
abla aid	THE EMPLOYEE
3/1024	ninte (
	1 / NV He