

[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 Kabix Shoh s/d/w/o Muhammad Shah bearing CNIC # 1203-07450 &B S working as A S 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 Muhammad Yould Brother 75% O303 91 # 332 Muhammad IshFaq So y 85% Nil In case of death of first choice) - 2nd Option Name of Nominee/ Nominees Relationship Specification of Share Contact Number Name of Nominee/ Nominees Thereby certified that the above noted member(s) of my family mentioned are wholly dependent upon me. The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect DATED: SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE	Form		N :		
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