

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

## Form of Nomination for Death Insurance for CTC Employees

Total of Nomination for De	2th Income
	eath Insurance for CTC Employees
Jerver Ichnin	41-11
CNIC	A/W/o Dunya Grul bearing
CNIC# 21203-708kg7a-a	working as Area Gaples W hereby below who is/ are member(a) as
nominate the person/ persons montion	working as Hope GIDEN IN COX heroby
beneficiary(ies) to receive the days	below who is/ are member(s) of my family as amount (sum assured) in the exercise
of receive the death insurance a	amount (sum assured) in the array of
	in the event of my death.
(Fi	est choice)
Namo of No.	
Nominees Relationship	Specification of Share Contact Number
	Contact Number
al al	
HFall Ahmad Son	1 0/
	100/0 0309-4929517
Hamad Almad Con	30/1/2/3/7
( TIMPICAL)	100/ 020000000
	13099818517
(In case of the case)	
(mi case or death of	first choice) - 2nd Option
Name of Nominee	
Nominees Relationship	Specification of Share   Contact Number
	Contact Number
docined so a	
desired person	
Mife	1 20 01
	100/0
Thereby could by	
I DEPTODATE A STATE OF THE STAT	

I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon

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