

Form of Nomination for Death Insurance for CTC Employees  I Hullamyan s/d/w/o muhammad Taliy bearing  CNIC # 2 120353833883 working as C. H. w 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/ Relationship Specification of Share Contact Number
cnic # 2 120353833383 working as
CNIC # 2120353533383 working as
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/  Relationship  Specification (State College)
Deneficiary (ies) to receive the death insurance amount (sum assured) in the event of my death.  (First choice)  Name of Nominee/  Relationship  Specification (ST
Name of Nominee/  Relationship  Specification (City)  Relationship
The state of the s
Contact Number
3a 9iB Ryollier Fall Car
Rejan Rheen 3/6 fall 03029132729
(In case of death of first choice) – 2nd Option
Name of Nominee/ Nominees  Relationship Specification of Share Contact Number
Contact Number
Reian Kliein S/O felle
03359137719
T7. 7
I hereby certified that the above noted member(s) of my family mentioned are all the
I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon
I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon
I hereby 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
I hereby 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
I hereby 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
I hereby 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
I hereby 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