

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

Form	0	f N	Vomina	ation for	Death	Incurance	OTT C	
/ ^		,	Nomination for	- cath in	itsurance for	CIC	Employees	

	The state of the s	reach insurance for CTC	Employees						
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a wan	S <sub>/</sub>	d/W/8 Waxak 16	heur						
CNIC # 2/20/25	1.0001	,	hemployees bearing						
nominate the person/	1>856/	working as	bearing hereby						
henoficiami(i-)	rsons mentioned	below who is/ are m	hereby ember(s) of my family as						
beneficiary(les) to receive th	e death insurance	amount (sum assured) in	the extent of the lamily as						
beneficiary(ies) to receive the death insurance amount (sum assured) in the event of my death.									
	(F	irst choice)							
Name of Nominee/	1 -								
	Relationship	Specification of Share	Contact Number						
Nominees			Contact Number						
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15, fay at alloch.	Son	1 2/							
	2071	100%	03369816227						
. (	In case of doath								
	in case of death o	f first choice) – 2 <sup>nd</sup> Option							
Name of Nominee/	Relationship	C							
Nominees	Relationship	Specification of Share	Contact Number						
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1/2									
Saif with	5077	100%	077/98/11						
)			03369818227						
71 1									
I hereby certified that the above me.	e noted member (s	s) of my family mentioned a	are wholly dependent and						
me.	i .	, , , , , , , , , , , , , , , , , , ,	are whonly dependent upon						
The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect									
of deather as carried and of no effect									
D A TIPE		SIGNATURE OR TH	UMB IMPRESSION OF						
DATED:	j b.		MPLOYEE						
0101	1								
02/09/2024									
	I .								