

## [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 Haleem Gul s/d/w/o Isan Gul bearing  CNIC # 21201 6961 (10 = 1			
CNIC # 2/20/. 6961 425   working as C. H. W hereby			
nominate the person/ persons mentioned L.I. 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			
beneficiary(ies) to receive the death insurance amount (sum assured) in the event of my death.			
(First choice)			
Name of Nominee/	Relationship	Cmariff: 11 Con	1
Nominees		Specification of Share	Contact Number
	4		
18an Grul	0 6	100	
10011 0401	Father	hundred %	03321750508
		,	
(In case of death of first choice) – 2 <sup>nd</sup> Option			
Name of Nominee/	Relationship	Specification of Share	Contact Number
Nominees		1 - Start	Contact Number
1. 2018	54n	1	
Umars	1000	100 %	03321750508
I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon me.			
me.	· · · · · · · · · · · · · · · · · · ·	, and a second of the second o	a are whony dependent upon
The earlier nomination made by the control of the c			
The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect			
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		0.00	
SIGNATURE OR THUMB IMPRESSION OF			
THE EMPLOYEE			
d/9/2024			