

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

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T 435				
Form of Nomination for Death Insurance for CTC Employees				
I de four 1,000 h				
I 16 for allah s/d/w/o Right tada bearing  CNIC # 17301-21320876 [working 110]				
CNIC # 17301-21320876[worlding				
CNIC # 17301-2320876 working as UCOO 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.				
		amount (sum assured) ir	the event of my death.	
		rst choice)		
Name of Nominee/	1 1 211	1 12 10 10		
Nominees	Relationship	Specification of Share	Contact Number	
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Ligz Zada.	11 81 11	50%	0334-914897	
W. axveen	wife	(00/0	n224 20001	
100000000000000000000000000000000000000				
h **				
(In case of death of first choice) - 2nd Option				
Name of Nominee/	Relationship			
Nominees	Relationship	Specification of Share	Contact Number	
	H Si !			
Ninga la la la	Daughter)	(°)	03349145085	
Ninoa M. Sufyan	Char	50,00 /50%	2001711	
/	1 (5)		0334414106)	
I hereby could also	1 16 8	· /		
I hereby certified that the above me.	e noted member(s	s) of my family mentione	d are wholly dependent	
	11 3311			
The earlier nomination made	hy me (if any)			
The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect				
DATED:		SIGNATURE OR THUMB IMPRESSION OF		
11	B 851 F	THE EMPLOYEE		