

## [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 Daah (rul s/d/w/o Lar) (rul	
CNIC # 2/203 9073871-5 working as UCOO here	ng
nominate the person/ persons mentioned but	bv
nominate the person/ persons mentioned below who is/ are member(s) of my family beneficiary(ies) to receive the death insurance amount (sum assured) in the event of my death.	as
(but assured) in the event of my death.	
Name of Name (First choice)	
Name of Nominee/ Relationship Specification of Share Contact Number	
Kha lida Prijte For Insurance 0303 883 4455	
Timeemplan 3000	
03317755737	
	al and a second
(In case of death of first choice) – 2 <sup>nd</sup> Option	
Name of Nominee /	
Nominees Relationship Specification of Share Contact Number	
Malida Tufe For Instrance 0303 8834455	-
0.505 805 9955	
I hereby certified that the characteristics are selected as a selected selected as a selected selected as a selected sel	
I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upor	2
The earlier pomination	L
The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect	
DATED: SIGNATURE OR THUMB IMPRESSION OF	
16-0-06 THE EMPLOYEE	