

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

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Form of N	omination for D	leath Incurrence Co. Com	
Form of Nomination for Death Insurance for CTC Employees I Saleem s/d/w/o M. Hussain bearing			
THE MIRRIY	S/	d/w/o M. Hus	Sain
CNIC # 21202-970	1698 C-7	C11	bearing hereby
nominate the person/ pe	TSONS mentioned	working as	hereby
beneficiary(ies) to receive th	le death insurance	below who is/ are n	hereby nember(s) of my family as
	Tiodianice	amount (sum assured) in	the event of my death.
	(F	irst choice)	
Name of Nominee/	Relationship	C :(:	
Nominees	Relationship	Specification of Share	Contact Number
NA 10	C		
M. Hussain	tather	100 %	0308-8072584
M. Sadia			0307 80123 89
LT. Sagig	Ryother	100 %	10305-4044041
	(In case of death o	f first choice) – 2 nd Option	
	7		
Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
rvoituriees	1.		
Abdul Allos	Rah	100	
Delay	131 4015	100 /	03039003941
T1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
I hereby certified that the above	ve noted member(s) of my family mentioned	are wholly dependent upon
me.	i.		•
The earlier nomination made	by me (if any) ma	v kindly he treated as can	colled and of the effect
	, (= y) ====	y minuty be treated as care	cened and of no effect
			•
	}. :	SIGNATIBEORTI	HUMB IMPRESSION OF
DATED:	j i.		EMPLOYEE
2 -0G 2 221	t) or		Leens
05-09-2024	şî.		- Een