

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

Form of	None		
Form of Nomination for Death Insurance for CTC Employees			
1 Dayqu	Unah s/d	/w/a Hari	Max 10 han.
I Baiyad Chan s/d/w/o Hockyor Chan bearing  CNIC # 21203-3071625-9 working as AS  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/	10 1 23 1	st choice)	
Nominees	Relationship	Specification of Share	Contact Number
40 0 1 0		ip 1	
MSudais	Son	00 %	0327-9093734
IQRA	dagther	100:1	0024-1093734
	CLASS AND CLASS	[00/	-
×	(In case of death of f	irst choice) – 2 <sup>nd</sup> Option	
Name of Nominee/	Up 7		4
Nominees		Specification of Share	Contact Number
Maryam	wite	1000/	
O service	1000	100/	0327-9093734
I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon			
me.	overloted member(s)	of my family mentioned a	re wholly dependent upon
The earlier nomination mad	e by me (if any)		
The earlier nomination mad	a by the (ii arry) may l	andly be treated as cance	elled and of no effect
•	, save		<u>.</u> .
DATED:		SIGNATURE OR THI	IMP IN (PROCESS)
12/0/2	SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE		
14912029			
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