

[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 Abdul - Dayyum s/d/w/o Muhammad - Akbay bearing			
CNIC # 2/202 -245/413-9 working as AS hereby			
nonmiate the person/ persons mentioned below with			
beneficiary(ies) to receive the death insurance amount (sum assured) in the event of my death.			
		in t	he event of my death.
	(First	choice)	
Name of Nominee/	Relationship S	Specification of Share	
Nominees		opechication of Share	Contact Number
11			
Muhammad Jan	Brother	1006	0303-8303051
	100 Marie 100 Ma		25-303/
(In case of death of first choice) – 2nd Option			
Name of Nominee/	Relationship Sp	ecification of Share	
Nominees	A CONTRACTOR OF THE CONTRACTOR	ourietton of onare	Contact Number
Muhammad-Jan	Brother	100%	1303-8303051
71 -		* :	
I hereby certified that the abome.	ove noted member(s) of	my family mentioned	are wholly done I
me.			are whony dependent upon
The earlier nomination made by me (if any)			
The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect			
		* 1	÷
		CICNIAMI	,
DATED:		SIGNATURE OR TH	HUMB IMPRESSION OF

THE EMPLOYEE