

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

Form of	Nomination for I	Death Insurance for CTC	
I Sobia Na	2	This mance for CTC	Employees
CNIC # 173 of - UI 56 nominate the person/	374-0	Jeath Insurance for CTC /d/w/o Imran K	han bearing
nominate the person/	persons montion	working as 45	hereby
beneficiary(ies) to receive	the death insurance	below who is/ are me	hereby hereby as
	a. Liberarice	d below who is/ are me amount (sum assured) in t	he event of my death.
Name of Nominee/	(1	First choice)	
Nominees .	Relationship	Specification of Share	Contact Number
Imran Khan	Husband	100%	
	100 mm m m m m m m m m m m m m m m m m m		0313-9914751
	(In case of death o	f first choice) - 2 nd Option	9
Name of Nominee/	Relationship		
Nominees		Specification of Share	Contact Number
Matayesh	0/0	100%	
		100%	NIL
I hereby certified that the about			
I hereby certified that the abo	ove noted member (s) of my family mentioned a:	re wholly dependent upon
The earlier nomination made	e by me (if any)		, repertativa por
	- of me (in arry) ma	y kindly be treated as cance	lled and of no effect
*			
	100	CICNIA TINDO CO	
DATED: SIGNATURE OR THUMB IMPRESSION OF			JMB IMPRESSION OF
3-9-24 THE EMPLOYEE			
1		3001	NaL!