

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

TRAINING & CONSULTING	[CTC - HRO -	PTPP – Recruitment & Sele rance Nomination form– Ju	ction – 7.8.5-c-061] ne 2024]
Form of I	Nomination for D	eath Insurance for C	TC Employees
CNIC # 21203 -34/	S/	d/w/o_/Smcu	1 Chah bearing
nominate the person/	3,000	working as	98
beneficiary(ies) to receive	the death insurance	amount (sum assured)	member(s) of my family as
	(Fi	rst choice)	in the event of my death.
Name of Nominee/ Nominees	Relationship	Specification of Shar	e Contact Number
Alam Zeb	brother	100%	201 50 11
	100 mm m		0301-5964562
Name of Nominee/	(In case of death of	first choice) – 2 nd Optic Specification of Share	on Contact Number
	D2 1412		. / .
Thereby cortification			
me.	ove noted member(s)	of my family mentione	d are wholly dependent upon
The earlier nomination mad	e by me (if any) may	kindla l	whony dependent upon
	, , , , , , , , , , , , , , , , , , ,	killidiy be treated as car	ncelled and of no effect
v.	reaction and the second	The state of the s	*
DATED:		SIGNATURE OR T	HUMB IMPRESSION OF
05/09/024		THE	EMPLOYEE 1 ab1 ch