

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

Form of Nomination for Death	Insurance for CT	C Employees
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Death Insurance for CTC Employees				
I Ihna Ameen.	s/	d/w/o_Angoor	Chan bearing	
CNIC #			bearing	
CNIC # working 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 (				
beneficiary(ies) to receive the death insurance amount (sum assured) in the event of my death.				
			,	
(First choice)				
Name of Nominee/	Relationship	Specification of Share	Combact NI	
Nominees	1	- F - Serieu doi: Of Sitale	Contact Number	
Angoor Khan.	Father	50 %	0333 9433321	
1			733 1733 514	
Caul. Ameen.	Ryother	50 %	0333 9925083	
			1913085	
(In case of death of first choice) – 2 <sup>nd</sup> Option				
Name of Nominee/	Relationship	Specification of Share	Control NI	
Nominees	, ,	opecification of Share	Contact Number	
			THE CONTRACTOR OF THE CONTRACT	
D:0:				
Basma. Khela	wite	100 0/2	0332 8948408	
ma. Che (g	Wite	100 70	0332 6948408	
I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon				
me.				
The earlier nomination made have a (if any and if any any and if any and if any any any and if any any and if any any and if any any and if any any any and if any any and if any any and if any any and if any any any and if any any and if any any and if any any and if any any any and if any any and if any any and if any any and if any any any and if any any and any any any and any any any and any any any and any any any and any and any any and any any any any any and any any any any any and any any and any				
The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect				
5				
	Ċ			
	SIGNATURE OR THUMB IMPRESSION OF DATED:			
DATED:		THE EMPLOYEE		
20/0/				
- 19/8/02M				
	<u>:</u>			