

## [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 Kamtan Ka   | hap s/         | d/w/o is bb             | ex Khan bearing        |
| CNIC # 2/2017820  | 3751           | 17 17 0 <u>Ja 13 13</u> | er Rhan bearing        |
| nominate the person/ per  | sons mentioned | below who is / are      | bearing 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 event of my death. |                |                         |                        |
| (First choice)  |                |                         |                        |
| Name of Nominee/  |                | ,                       |                        |
| Nominees  | Relationship   | Specification of Share  | Contact Number         |
|   | 4              |                         |                        |
| Travers   |                | ,                       |                        |
| Usman   | Brother        | 100%                    | 03349292887            |
| Usman   | Brother        | 100%                    | 03329292886            |
|   |                |                         |                        |
| (In case of death of first choice) – 2nd Option   |                |                         |                        |
| Name of Nominee/  | Relationship   |                         |                        |
| Nominees  | Relationship   | Specification of Share  | Contact Number         |
|   |                |                         |                        |
| Knalid  | Brother        | 100%                    | 03109883883            |
|   |                |                         |                        |
| I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon  |                |                         |                        |
| me.   |                |                         |                        |
| The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect  |                |                         |                        |
| *   |                |                         |                        |
|   |                | SIGNIATIER OF           | THI IMP IMPRESSIONS OF |
| DATED: SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE  |                |                         |                        |
| 29/08/2024  | 14048          |                         |                        |
|   |                |                         |                        |
| Kamon Johan Chan  |                |                         | I work lohar           |
| o 14 w  |                |                         | Karmo Hw               |
|   | H Ar 1         | \$                      |                        |