

[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 Bilal Kha	Ms/	d/w/o Mohar	9111 bearing
CNIC # 21201- 4422182-9 working as 1.80 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/	Relationship	Specification of Share	Contact Number
Nominees			
Mohar Mil	To Fatho	y 100/0/s	0302-9180858
ai grandes de la cristia de la persona de la constanta de la 	energia en produce de la composição de la c		
(In case of death of first choice) – 2 nd Option			
Name of Nominee/	Relationship	Specification of Share	Contact Number
Nominees			
Fatima Bibi	wife	100 0/0	0314-9115252
			i de la companya de
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			
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SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE			
2/09/2029			