

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

Form of 1	Nomination for D	eath Incurance Como		
I_Kainat		omination for Death Insurance for CTC Employees		
	S,	/d/w/oChams	had Ale	
I Kainat s/d/w/o Shamshad Ali bearing CNIC # 17301-9289688-4 working as CH hereb				
nominate the person/ persons mentioned below who is/ are member(s) of my family a beneficiary(ies) to receive the death insurance amount (sum assured)				
beneficiary(ies) to receive to	he death insurance	below who is/ are me	ember(s) of my family as	
beneficiary(ies) to receive t	are deadt Hisurance	amount (sum assured) in t	he event of my death.	
	(First choice)			
Name of Nominee/	11 120 1			
Nominees	Relationship	Specification of Share	Contact Number	
41				
Shameemara	Mother	50%	10171001-20	
	11 10 1		03171921578	
Ajwa Noor	Sister	50-1.	03169704103	
			03/44/09/05	
- 4-4 1 1 2	(In case of death a	( C: 1		
	(iii case of death o	f first choice) – 2 <sup>nd</sup> Option		
Name of Nominee/	Relationship	Specification of Share	Contact Number	
Nominees		1 State	Contact Number	
*				
I hereby certified that the abo	ove noted member(	s) of my family manting		
me.		of my family mentioned a	re wholly dependent upon	
The sealth of th				
The earlier nomination made	e by me (if any) ma	y kindly be treated as cance	elled and of no effect	
DATED		SIGNATURE OR TH	UMB IMPRESSION OF	
DATED:			UMB IMPRESSION OF	
DATED: 2-9-24				