

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

		•:		
	Form of No	omination for D	eath Incurred Com	
	Form of Nomination for Death Insurance for CTC Employees			
	I Sharif Khan s/d/w/o Abdul Matan bearing			
	CNIC #			
	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			
	beneficiary(ies) to receive th	e death insurance	amount (sum assured) i	n the event of man I il
-		10		it the event of my death.
		(F:	irst choice)	
	Name of Nominee/	Relationship	C 10	
	Nominees		Specification of Share	e Contact Number
		Boother	100%	2010
	10101		100%	03319191878
	+1Kbar Jan			
	C	_		
	Mul Shed	Brother	100%.	034560848
				-2012 608AA
		In case of death of	f first choice) – 2 nd Optio	n
	Name of Nominee/	3.		*
	Nominees	Relationship	Specification of Share	Contact Number
	2		-	
1	M.K.C. i.D	Puch	1	177777
	1912	DIO Mel	1001	033377420
	hereby certified that the above noted member(s) of my familiance.			
I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon me.				d are wholly dependent upon
The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect				
y y a montest as cartecired and of no effect				
	*			
		4.	CICNIA TITTO CO	
	DATED:			THUMB IMPRESSION OF
	21-1:	1.	THE	EMPLOYEE
29011				
		** ** }		