

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

Form of Nomination for Death Insurance for CTC Employees

		cath hisulance for CT	CEmployees
I Muhammad Sa	beel s	d/w/o Boees	Khan bearing
CNIC # 2/201-705	20112		bearing
4017	2242-7	TITOMICINE -	A
hornitate the person/ pe	rsons mentioned	below who is/ are r	nember(s) of my family as
beneficiary(ies) to receive th	e death insurance	amount (sum assured) in	the execut of man I il
			t the event of my death.
	(F	irst choice)	
Name of Nominee/	Relationship	Specification of Share	
Nominees	r	opecinication of Share	Contact Number
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Boees Khan	Faller	100%	6221 00701.00
A STATE OF THE STA			0322 9075472
**	(In case of death -	((: 1 7 .)	
	(iii case of death o	f first choice) – 2 nd Option	n
Name of Nominee/	Relationship	Specification of Share	
Nominees	l l	opecification of Share	Contact Number
		э. У	
	i.		
I read and leter			
Nasrat Ichan	Broth	160/	03349417878
	i s		
I hereby certified that the above	ve noted member(s) of my family montioned	d are rule iller i
me.	1	o) of my family mentioned	are wholly dependent upon
	t, .		
The earlier nomination made	by me (if any) ma	y kindly be treated as car	acelled and of no effect
			area of the chief.
*			
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DATED: SIGNATURE OR THUMB IMPRESSION OF			
	9 **.	THE	EMPLOYEE
29/08/2024			1
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