

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

77			
Form of Nomination for Death Insurance for CTC Employees			
I Muhammad H	ussain	in a contained for CI	CEmployees
	S	/d/w/o_NUYad	Khan bearing
11 -01/01- 57 (9	201-1		· ·
nominate the person/ per	rsons mentioned	_ working as	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 secure 1) is it.			
beneficiary(ies) to receive the death insurance amount (sum assured) in the event of my death.			
(First choice)			
None (N			
Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
Nonunees			Contact Number
,	<u>(</u>		
Amna	wife	100%	
711111111111111111111111111111111111111	wife	100%	0333-9277560
	li t		
(In case of death of first choice) – 2nd Option			
Name of Nominee/	Relationship	Specification of Share	C
Nominees		- Position of Silate	Contact Number
Hasnain	Can	1	
//603/2007)	son	100 %	0333-9277560
Thoroby and Control			
I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon me.			
me.	1		y P state a post
The earlier nomination made by me (if and)			
The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect			
×			
DATED		SIGNATURE OR T	HUMB IMPRESSION OF
DATED:) à.	THEF	EMPLOYEE
29/03/2024 Puster			
11-0/0-07		aft	