

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

Form of N	omination for D	eath Insurance for CT		
CNIC # 21201 22/2	KHAN	A LOCALOR	C Employees	
CNIC # 2/20/22/2	6/1// 9 s/	a/w/o_1/15/1///	R KHHN bearing	ıg
CNIC # 21201-2362	reone montion I	working as CHI	hereb	ΣŸ
beneficiary(ies) to receive th	e death insurance	below who is/ are amount (sum assured) is	member(s) of my family a	as
			if the event of my death.	
Name of Name	1.	irst choice)		
Name of Nominee/ Nominees	Relationship	Specification of Share	e Contact Number	
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
Kashmiy Khan	Follow	100 %	212-22 = /	
		100 /	03139320546	
4	(In case of dooth o	f firmt - I · · · · · · · · · · · · · · · · · ·		
	1.	f first choice) – 2 nd Optio	n	
Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number	-
Khan Karim	Machaul	/		
(KYION) E FLOUR JYYY	MEPHEW	100 %	03328691138	
I hereby certified that the above	vo notod month and			
I hereby certified that the abome.	verioted member(s	s) of my family mentione	d are wholly dependent upor	1
The earlier nomination made	hy me (if any) ma	v lein dler le terre to 1	77 - 7	
The earlier nomination made	by me (if arry) ma	y kiliuly be treated as ca	ncelled and of no effect	
*	li.			
DATED:			THUMB IMPRESSION OF EMPLOYEE	
20 1-2-21	1	AV 1 2		