

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

Form of Nomination for Death Insurance for CTC Employees

The Art of Holling for Death Insurance for CTC Employees			
I Ahmad Khan s/d/w/o Said Kareem bearing			
111111111111111111111111111111111111111	han s/	d/w/o Said K	cereem hearing
CNIC # 91201-23107/0-			
CNIC # 3130/-3319769-7 working as C. H. w hereby nominate the person/ persons mentioned below who is/ are morehants.			
nominate the person/ persons mentioned below who is/ are member(s) of my family as beneficiary(ies) to receive the death insurance amount (see a member (s)).			
beneficiary(ies) to receive the death insurance amount (sum assured) in the event of my death.			
(First choice)			
Name of Nominee/	Relationship	Specifical: CO	
Nominees	resactoristip	Specification of Share	Contact Number

lerric bibi	Husbard	100%	0374-514368
	Husbard		07-3193689
·	00.70		
(In case of death of first choice) – 2 nd Option			
Name of Nominee/	Relationship	Specification of Share	Contact Number
Nominees	1	1 STATE	Contact Number
	_ **	*	12311 870-1-
	,		0334-8395 227
Saw 35 Khem) west an	1000	A3-
July Chan	Biolhers	100/	2504-8395737
	i s		31
I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon			
me.			
The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect			
*			
DATED: SIGNATURE OR THUMB IMPRESSION			
~	;, · · ·	THE	EMPLOYEE
29 ALD -2		AA	
Just die			
	§* .	5	