

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

Form of Nomination for Death Insurance for CTC Employees

Death Insurance for CTC Employees			
I RIZWANULLAH s/A/W/o BAKHMAR JAN bearing			
	S/	a/w/o_BAKHM	AR JAN bearing
nominate the person/ per	rsons montioned	_ working as	hereby member(s) of my family as
beneficiary(ies) to receive the	o door mennoned	below who is/ are	member(s) of my family as
beneficiary(ies) to receive the	e deadt insurance	amount (sum assured) is	n the event of my death
	The second secon		John Market
	(1	irst choice)	
Name of Nominee/	Relationship	Specification of Share	
Nominees	1 T	opechication of Share	Contact Number
	1		
BAKHMAR JAN	EATHER	100 %	
	FILLER	100 /	03430300311
	į: ;		
(In case of dooth of the day of t			
(In case of death of first choice) – 2 nd Option			
Name of Nominee/	Relationship	Specification of Share	
Nominees		opecification of Share	Contact Number
		4	
	:		
TAT BIBI	AMATRICO		
[M] BIDI	MOTHER	100%	03429597902
I hereby certified that the above noted member(s)			
I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon me.			
	1		
The earlier nomination made	by me (if any) ma	W kindly he has to I	
The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect			
*	12 P		
DATED: SIGNATURE OR THUMB IMPRESSION OF			
DATED:	DATED: THE EMPLOYEE		
29/08/2024			
11/100/2019			