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

Form of No	omination for De	eath Insurance for CTC	Employees
I M. A30	oum_s/	d/w/oCoul	man Shall bearing
CNIC# 21201-15	899531	working as	HW hereby
nominate the person/ per	sons mentioned	below who is are m	nember(s) of my family as
beneficiary(ies) to receive the	e death insurance	amount (sum assured) in	the event of my death
	, -, -, -, -, -, -, -, -, -, -, -, -, -,	interest (Suite assured) in	the event of my death.
	(Fi	irst choice)	
Name of Nominee/	Relationship	· Specification of Share	Contact Number
Nominees		•	
Alem Khan	Brather	1,00 4	0332.7895872
			1013012
			•
	(in case of death o	of first choice) – 2 <sup>nd</sup> Option	n , , , ,
Name of Nominee/	Relationship	Specification of Share	Contact Number
Nominees			
			·
Alam Khan	Brother	100%	0 333 - 789587
hereby certified that the abo	ove noted member	(s) of my family montions	ed are wholly dependent upon
me.	ve noted member	(3) of my family members	ed are wholly dependent upon
	2 1 2 2		* *
The earlier nomination made	e by me (if any) m	ay kindly be treated as ca	incelled and of no effect
			X on
	4 4		
	•	, SIGNATURE OR	THUMB IMPRESSION OF
DATED:			EEMPLOYEE
1/10/91	•	·	