

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

## Form of Nomination for Death Insurance for CTC Employees

		reach insurance for CI	C Employees
I Waseem Ak	<u>(am</u> s,	/d/w/o_Naseeb	Khan bearing
CNIC # 2/21/2 883	12225		bearing
CNIC # 2/2/1-883	reone months	_ working as	HO hereby
beneficiary(ies) to receive the	a dooth incomed	below who is/ are	member(s) of my family as
beneficiary(ies) to receive th	ic dead! Hisurance	e amount (sum assured) i	n the event of my death.
		First choice)	
Name of Now	1		
Name of Nominee/ Nominees	Relationship	Specification of Share	e Contact Number
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	1 1		
Mubeena Bibi	wite	100 -1	4211
	0	100/-	03111212616
	1		
ž.	(In case of deal)		
	(in case of death o	of first choice) – 2 <sup>nd</sup> Optio	n
Name of Nominee/	Relationship	Specification of Share	Control
Nominees	1	op contention of Share	Contact Number
1			
Na seeb Khan	Fallee	100%	17111717/11
	12	100/-	0311/2/2616.
I hereby certified that the above	vo noto d 1 /		il L
me.	ve noted member	s) of my family mentione	d are wholly dependent upon
	* .		
The earlier nomination made	by me (if any) ma	v kindly be treated as car	ncelled and of me offers
		y so would up car	rectied and of no effect
8			
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DATED:			THUMB IMPRESSION OF EMPLOYEE
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1/10/024		100	,
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