

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

Form of Nomination for Death Insurance for CTC Employees			
I Najeeb wild s/d/w/o Anwax khen bearing CNIC # 21201-5748082-9 working as CHw hereby nominate the person/ persons mentioned below who is/ are marker().			
CNIC # 21201-57480	82-9	Morling and Col	bearing bearing
nominate the person/ per	rsons mentioned	below who is and	hereby
nominate the person/ persons mentioned below who is/ are member(s) of my family as beneficiary(ies) to receive the death insurance amount (sum assured) in the event of my death.			
		irst choice)	the event of my death.
Name of Nominee/	Relationship	Specification of Share	Combact NI 1
Nominees			Contact Number
Anway Khan	Father	100%	
	- James	100/5	0334/929598
	in case of death o	of first choice) – 2 nd Option	n
Name of Nominee/	Relationship	Specification of Share	Contact Number
Nominees			
Zainab Bibi	wite	100%	. 22/1/2 22 5- 2
Zamas 15 cer	0-90	700/.	63341929598
The same to the same of the sa	In a		
nereby certified that the aboume.	e noted member(s) of my family mentione	d are wholly dependent upon
77.			
The earlier nomination made	by me (if any) ma	ly kindly be treated as car	ncelled and of no effect
		CICNIATTIDE OD T	TIII (D I) (D TO COLOR III -
DATED:	SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE		
1/1/2011	*	(aDil	A I