

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

Form	of	Nomination for Dea	th Ins	urance for	CTC	Γ 1
0.0	e	1		aratice 101	CIC	Employees

The of Ivolitication for Death Insurance for CTC Employees									
I Hazay Khan s/d/w/o Mix Agha Jan bearing CNIC # 2120/-5038720 - Tworking as									
s/d/w/o Mix Agha Tan horring									
CNIC # 2120/-50387) — working as hereby									
nominate the person/ persons mentioned below with									
beneficiary(ies) to receive the death insurance amount (sum assured) in the event of my death.									
· ·									
(First choice)									
Name of Nominee/	Relationship	Specification of Cl							
Nominees	P	Specification of Share	Contact Number						
	i a	" " " " " " " " " " " " " " " " " " "							
112			0.04						
Haseena bb	Wife	Imm of	0345-9040996						
	00100	100%	0553-						
. (In case of death o	f first choice) – 2 nd Option	2						
	** *	option							
Name of Nominee/	Relationship	Specification of Share	Contact Number						
Nominees			Corract Ivaniber						
									
0 1110									
Sahil	Son	100%	0338-9294103						
			0.77(10)						
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I hereby certified that the abov	e noted member(s	s) of my family mentioned	dare wholly dependent upon						
me.	· ·	, , , , , , , , , , , , , , , , , , ,	a the whony dependent upon						
777									
The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect									
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ATED: SIGNATURE OR THUMB IMPRESSION OF									
THE EMPLOYEE									
29/08/024	*	moll							
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