

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

Form of Nomination for Death Insurance for CTC Employees

	The state of the s	realli insurance for CT	C Employees
I Gul Taj	s/	d/w/o_Sevab	Khan bearing
CNIC # 2/20/- 77 0 9	2 0 2 5 5		bearing
nominate the name /	7035-7	working as A-G	hereby
bonoficiam(in)	ersons mentioned	below who is/ are i	member(s) of my family as
beneficiary(ies) to receive the	he death insurance	amount (sum assured) in	the event of my doath
			and event of my death.
	(F	irst choice)	
Name of Nominee/	Relationship	Considiation (Cons	
Nominees	relationship	Specification of Share	Contact Number
1			
Serab Khan	Father	1 000 1	
- 101	The state of the s	100%	03329309796
		d 2	
	(In case of death o	of first choice) – 2 nd Option	
		2 1113t Choice) = 2 111 Option	n
Name of Nominee/	Relationship	Specification of Share	Contact Number
Nominees		1 STATE OF CHAIC	Contact Number
1		F T	
Siraj khan	Brolly	1001	
- Cresh	0801001	100 /	03340990901
I hereby certified that the abo	ove noted member(s) of my family mentioned	d are wholly dependent upon
me.	· ·	, , Indian incitation	d are whony dependent upon
The earlier nomination made	e by me (if any) ma	y kindly be treated as car	ncelled and of no effect
			or and criteci
		CICAL A EXTENSION OF T	
DATED: SIGNATURE OR THUMB IMPRESSION			
	1	THE	EMPLOYEE
29/08/2024			
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