

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

Form of Nomination for Death Insurance for CTC Employees

	/3haq s/d/w/o Hakim khan bearing		
I Muhammad	18ha9 si	d/w/o Habi	1.1
CNIC # 910-1	126 -	u, w, o <u>Flakim</u>	khan bearing
are person, be	LSUNS Mentioned	holoria - 1 · /	
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.			
			tate event of my death.
	(F	irst choice)	
Name of Nominee/	Relationship	Specification of Share	
Nominees	, ,	opechication of Share	Contact Number
	11 4	1 1	
ham late	50		
Muntaja	wife	100%	0360-8105454
	<u>.</u>	1 5	
	\\ \tag{\frac{1}{2}}		
(In case of death of first choice) – 2 nd Option			
Name of Nominee/	Relationship	Specification of Share	Contact Number
Nominees	X .		
Sakhta jan	Barothory	100%	
Daking Jan	Droine	100 10	0345-9405656
I hereby certified that the above	ve noted member(s) of my family mentioned	d are wholly dependent upon
me.	i	o) or mry rainary memories	date wholly dependent upon
TTY 1.			
The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect			

DATED:

29/8/024

SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE

Sures .