

## [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 FIAZ KHAN s/d/w/o MAWEEZ KHAN bearing  CNIC # 21201-2889413-5				
CNIC # 2:24 = 2224	s/	alwo MAWEE	2 KHAN bearing	
nominate the	3-5	working as Area	Supervoiser (A.S) hereby	
heneficiary (inc)	rsons mentioned	below who is/ are m	nember(s) of my family	
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.				
(First choice)				
Name of Name	1	ust choice)		
Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number	
TVOITINGES			- Transcr Transcr	
2 0				
SADIB KHAN	SON	100%	- 991 7- 07-09	
		700/	0331-5287133	
	1			
(In case of death of first choice) – 2 <sup>nd</sup> Option				
		i mst choice) – 2 <sup>nd</sup> Option		
Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number	
Nominees				
WAGIB KHAN	Coas	01		
LUMIGIB KMAN	DON	100%	0333-9706565	
I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon me.				
me.	<u>.</u>		y 1	
The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect				
that y be treated as cancelled and of no effect				
v.	ì			
		SIGNATURE OF TH	III) (D I) (DDTCCTC)	
DATED:		SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE		
29/08/2024	I.	eine4		
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