

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

Form of N	omination for I	Death Insurance for CT		
Form of Nomination for Death Insurance for CTC Employees  I				
- HIGHORD - IVABC	s	/d/w/o_Abdul	- Hameed having	
CNIC # <u>2/20/0722240-9</u> working as bearing nominate the person/ persons mentioned below who is/ are member(s) of my family as beneficiary(ies) to receive the death insurance amount (sum are a line).				
beneficiary(ies) to receive th	e death insurance	below who is/ are r	nember(s) of my family as	
beneficiary(ies) to receive th	- state in isurance	e amount (sum assured) ir	the event of my death.	
	e e e e e e e e e e e e e e e e e e e	First choice)		
Name of Nominee/	Relational			
Nominees	Relationship	Specification of Share	Contact Number	
	4			
Hanif Khan	Brother	100 %	1342-2551138	
	1		0340-0556179	
		Ì		
(In case of death of first choice) $-2^{nd}$ Option				
	ll li dealli (	of first choice) – 2 <sup>nd</sup> Option	1	
Name of Nominee/	Relationship	Specification of Share	Contact Number	
Nominees			Contact Number	
7 0 00				
Infan ullah	Brother	100 %	0301-514505436	
	ļi .		- 32/30	
I hereby certified that the above me.	e noted member(	s) of my family martin		
me.	i.	b) of my family mentioned	are wholly dependent upon	
The sealth				
The earlier nomination made	by me (if any) ma	y kindly be treated as can	celled and of no effect	
			210 52256	
D A TITID		SIGNATURE OR TH	HUMB IMPRESSION OF	
DATED:	<b>3</b>	SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE		
1/10/024	*	On 1		