

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

## Form of Nomination for Death Insurance for CTC Employees

101111 01 110		ment into district tot CIC	Employees
I MOHABAT K	HAM s/c	1/w/o AKBAR	KHAN bearing
CNIC # <u>21201 - 5859701 - 3</u> working as <u>A.S</u> hereby			
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)			
Nama of Naminas/	Dalationship	Cracification of Chara	Contact Number
Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
TVOITHICCS			
FIRDOS KHAN	Son	100 %	0321-9184045
			352 11000
GOHAR KHAN	Son	100 %	
(In case of death of first choice) – 2 <sup>nd</sup> Option			
Name of Nominee/	Relationship	Specification of Share	Contact Number
Nominees			
m.s Mohabat Khan	111170	100 %	0332-9263 852
THE PROPERTY OF THE PROPERTY O	W, 10		700000
I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon me.			
The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect			
SIGNATURE OR THUMB IMPRESSION OF			
DATED: SIGNATURE OR THOMB IMPRESSION THE EMPLOYEE			
			relat
30/09/2024 moffalit.			The !
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