

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

	Lande.	tunce Normination form – June	20241	
Form of N	Jomination for D			
Form of Nomination for Death Insurance for CTC Employees				
I Skial Said s/d/w/o Shavif Khan bearing CNIC # 2/202-55 28803-9 working as C.H.W hereby beneficiary(ice) to the persons mentioned below who is/ are member(ic) of the persons mentioned below who is/ are membe				
	S/	a/w/o	Khan bearing	
CNIC # 21707-55	23803-9	TATOTICINA	J. i.	
nominate the person/ p	ersons mentioned	working as	M·W 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.				
and a start is did not be amount (sum assured) in the event of my death				
			acted.	
D.T.		irst choice)		
Name of Nominee/	Relationship	Specifical: (0)		
Nominees		Specification of Share	Contact Number	
E-4 21 1				
Father Sharif &	lar. Father	Cn 0/		
V		50%	03339508477	

		*		
*	(In case of death of	finat al - ")		
No.	· II III Francisco	first choice) - 2 nd Option	**	
Name of Nominee/	Relationship	Specification of Share		
Nominees		opecification of Share	Contact Number	
		;		
متعمله	Matter	Ca al		
	11 lopes	50%	03339508422	
77				
I hereby certified that the abo	ve noted member/s	\-(- * · - ·		
me.	The michiber (s	of my family mentioned	are wholly dependent upon	
CDT.		ir d	y soperacit upon	
The earlier nomination made	by me (if any) may	- 1-1- 17 1		
The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect				
· •				
			7,	
DATED:		SIGNATIBEOD	III D CD TO CO	
		SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE		
19/9/124		TÜEFI	VIPLOYEE	
11/06.		Walnil		