

[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 School Khan s/d/w/o Muhammad Amin bearing	
sidiwio Muhammad Amin bearing	no
CNIC # 21202-5116784-9 working as CHIW here	107
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 Nominee/ Relationship Specification of Share Contact Number	Picesons
Trontiniees .	
Fazal Amin Bother 100% 0302-5389277	 7
10 to 030 330 10-71	_
Hazart Amin Nephew 100% 0343-0833644	
	eterena a
(In case of death of first choice) - 2nd Option	
Name of Nominee/ Relationship Specificationship	Programma,
Nominees Specification of Share Contact Number	Proposition of the Party of the
Next 2 - 20 1:1: 1:00	- Martin Common
Noteen bibi Wifa 100% 0341-4929259	* Cartestant Constitution of the Constitution
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hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon	
ne.	
he earlier nomination made by me (if any) may kindly be treated as cancelled and a	

DATED.

05/09/2024

SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE

Sohail