

5-9-2024

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

Form of Nomination for Death Insurance for CTC Employees				
I JAVED IQBAL SIDE SIDE SIDE SIDE SIDE SIDE SIDE SIDE				
I_UAVED 1\QBAL s/d/w/o_ CHW NIAZ MALOOK bearing				
CNL# BIBUR'IS IN ATTIL				
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				
beneficiary(ies) to receive the death insurance amount (sum assured) in the event of my death.				
	() '5!;	irst choice)	, , , , , , , , , , , , , , , , , , , ,	
Name of Nominee/	1 (4)			
Nominees	Relationship	Specification of Share	e Contact Number	
0			,	
PALWASHA	Wife	1001-		
ALLILANANAND NO		1001	03475650621	
MUHAMMAD-Afo	idi-SUN	100/-		
0314-5650619				
(In case of death of the				
(In case of death of first choice) – 2 <sup>nd</sup> Option				
Name of Nominee/	Relationship	Specification of Share	Contact Number	
ALC CONTRACTOR	1			
NiaZ Malook	Father	100 %-	0349-9176254	
I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon				
me.		s) of my family mentione	d are wholly dependent upon	
The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect				
•				
_		CICALA		
DATED:		SIGNATURE OR THUMB IMPRESSION OF		
5-9-2024	5-9-2024			