

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

Form of Nomination 6		
- C \ . O \	Death Insurance for CTC Employees	
I Sabir Rehman	s/d/w/o Boncon	
nominate the person/ persons	working as hereby hereby a ded below who is/ are member(s) of my family a decamount (sum assured) in the property of the property	77
beneficiary (ies) to receive the death incurrent	ed below who is/ are member(s) of my family a) S
	ed below who is/ are member(s) of my family a ce amount (sum assured) in the event of my death.	
	(First choice)	
Name of Nominee/ Relationship Nominees	Specification of Share Contact Number	
Nonlinees	Contact Number	
Banaras Father	0307-8035982 0307-805082	
Sa C. 1111 1 12 11	0307-8005982 0307-8005982	
Safi Ullah Brother	030/ 25-	
	0306-8530305	
(In case of death	of first choice) - 2 nd Option	
Name of Name:		
Nominees Relationship	Specification of Share Contact Number	7
	Joseph January 1 (1977)	
01 1 0 0		1
Abdur Rauf Brother		-
Abdur Kauf Brother	0335-4466653	
rojner	0335-4466653	
rojner	(s) of my family mentioned are wholly dependent	
I hereby certified that the above noted member me.	(s) of my family mentioned are wholly dependent upon	
I hereby certified that the above noted member me.	(s) of my family mentioned are wholly dependent upon	and the same of th
I hereby certified that the above noted member me.	(s) of my family mentioned are wholly dependent upon	And the state of t
I hereby certified that the above noted member me.	(s) of my family mentioned are wholly dependent upon ay kindly be treated as cancelled and of no effect	Andrews to the Contraction of th
I hereby certified that the above noted member me. The earlier nomination made by me (if any) m	(s) of my family mentioned are wholly dependent upon ay kindly be treated as cancelled and of no effect	ARTHUR STANDARD STAND
I hereby certified that the above noted member me.	(s) of my family mentioned are wholly dependent upon ay kindly be treated as cancelled and of no effect SIGNATURE OR THUMB IMPRESSION OF	Section to the section of the sectio
I hereby certified that the above noted member me. The earlier nomination made by me (if any) m	(s) of my family mentioned are wholly dependent upon ay kindly be treated as cancelled and of no effect	And the state of t