

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

roim or	Nomination for D	eath Insurance for CT	C Employees	
I CABIHA I	12	d/w/o Alam		
CNIC # 17103 - 061	7046-0	_ working as CHL	hereby	
nonunate the person/	persons mentioned	below who is/ are a	member(s) of mer family	
beneficiary(ies) to receive	the death insurance	amount (sum assured) ir	n the event of my death.	
	(P	irst choice)		
Name of Nominee/	Relationship	Specification of Share	Contact Number	
Nominees				
	-			
ALAM KHAN	5-5-00	2. 4	4 6	
ALTIN BARN	FATHER	70%	0316-5597717	
IHSAN-ALAM	Brother	30 %	0316-5597717	
	i i		10310 03 97711	
	(In case of death	((: . 1 : \ 2 : 2 : 2		
	(in case of death o	of first choice) – 2 nd Optio	n	
Name of Nominee/	Relationship	Specification of Share	Contact Number	
Nominees				
h		<u> </u>		
ALAM KHAN	FAILER	100%	0316-5597717	
	l s			
I hereby certified that the a	bove noted member	(s) of my family mentione	ed are wholly dependent upon	
me.			, , ,	
m 1' ' '	1.1. (:6.)	1. 11. 1	11 1 1 6 66 6	
The earlier nomination m	ade by me (if any) m	ay kindly be treated as ca	ancelled and of no effect	
		0.0.1.0.00	TIT II IN IN INDECCION OF	
DATED:		SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE		
DATED.	1	6	Junii Bo I Di	
4-9-2024	*	() aloba	lan	