

## [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 Fazal Karin s/d/w/o Kohat Khan bearing  CNIC # 21201-08457847 Working as Call 14				
CNIC # 2 17 Ob OSLICE OLG				
nominate the person/ persons marking as the persons 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.				
amount (sum assured) in the event of my death.				
	(F	irst choice)		
Name of Nominee/	Relationship	Specification of Cl		
Nominees	r	Specification of Share	Contact Number	
Shamima BiBi	wife			
100	V	1	03335213997	
(In case of death of first all and a				
(In case of death of first choice) – 2 <sup>nd</sup> Option				
Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number	
Tronuitees				
Shamima BI Bi	wife	-		
	U I	1	03335213997	
I hereby certified that the above well in the control of the contr				
I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon me.				
	1			
The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect				
DATED:		SIGNATURE OR THUMB IMPRESSION OF		
- 1 - 1	j. **	THE EMPLOYEE		
02/04/2024 Fack				
	74 2			