

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

Form of Nomination for Death Insurance for CTC Employees			
- Jamshaid K	han s	10/2010	A.P. A
CNIC# 21201820	1000	ray w/o_shex	Atzal bearing
CNIC # 2120193969857 working as C. HW 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 control of t			
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	
Nominees	1	opecuteation of Share	Contact Number
Muhamad			
Muhamad Asif.	Son	100 %	
			03139225271
(In case of death of first choice) – 2nd Option			
Name of Nominee/			
Nominees	Relationship	Specification of Share	Contact Number
Saxwar jana	nife	100 %	03319374266
103314074266			
I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon me.			
me.	·	y Junity memoried	are wholly dependent upon
The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect			
that will be treated as cancelled and of no effect			
SIGNATURE OF THE CO			
DATED:	SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE		
05/09/024			
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