

[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 <u>Bakhtiar</u> $\beta/d/w/o$ <u>Fageev Shah</u> Hondi				
CNIC # / 7 701. 911 9	F0 14 c' 1	a/w/o_rage	e V Shah Horing	
nominate the person/ per	rsons mentioned	_ working as	bearing - H-W 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.				
	•	irst choice)	or are of my deadi.	
Name of Nominee/	Relationship	Specification of Share		
Nominees		opechication of Share	Contact Number	
		1 n		
Fageer show	Fatigr	600 40	03339479347	
Mustaba.	Brother	150	0334.9393808	
		173	100-4-4312808	
(In case of death of first choice) -2^{nd} Option				
Name of Nominee/	Relationship	Specification of Share	Contact Number	
Nominees		, 8		
0				
15 mail	Brother	100 de	03029084156	
Thoroby contiling the state of				
I hereby certified that the above me.	e noted member(s) of my family mentione	d are wholly dependent upon	
The earlier nomination made	by me (if any) ma	y kindly be treated as ca	ncelled and of no effect	
a a			date of the career	
		CICNIATION		
DATED:	j	SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE		
06/09/2024	f .	B) _cul		