

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

Form of	Nomination for	Death Insurance for C	
I Mugaddas		cath hisurance for C	TC Employees
CNIC # 17301-1630	10	s/d/w/o_Khan_	Sahib bear
CNIC # 17301-1630	persons many	working as Ch	member(s) of my family
beneficiary(ies) to receive	the death incurren	d below who is/ are	member(s) of my family
beneficiary(ies) to receive	acade hisurance	e amount (sum assured)	in the event of my death.
		First choice)	
Name of Nominee/	Relationship	Specification of Cl	
Nominees		Specification of Sha	re Contact Number
Khan Sahib	Father	1 = 9/	
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	100 %	03469194118
	(In consection		
NT	(III case of death o	of first choice) - 2nd Option	on .
Name of Nominee/ Nominees	Relationship	Specification of Share	Contract
2 TOTALITEES	The state of the s		Contact Number
Mehran	12	/	
	Drother	100 %	0325-9845539
	127		-
hereby certified that the abo	ve noted member(s) of my family many	ed are wholly dependent upor
ne.		-/ my raining mentione	ed are wholly dependent upor
he earlier nomination made	by me (if any) ma	v kindle to	
	, , , , , , , , , , , , , , , , , , ,	y killuly be treated as ca	incelled and of no effect
		*	
DATED:		SIGNATURE OR	THUMB IMPRESSION OF
2 · · ·		THE	EMPLOYEE
3-9-24		Inhand	las
		T Y OCCO	48
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			7 ° + 1.
			. 17 10