

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

	1		
Form of Nomination for Double I			
Form of Nomination for Death Insurance for CTC Employees I M Shehid s/d/w/o Abdul Mafeed bearing CNIC # 17301-5545343-7			
- Henia	S	/d/w/o Abdul N	lateed havi
CNIC # 1730/-554	5343-7	Working as	bearing hereby
nominate the person/ pe	rsons mentioned	below who is/ are	member(à) - (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)	and of my deadl.
Name of Nominee/	<u> </u>	,	
Nominees	Relationship	Specification of Share	e Contact Number
Rehmat Shah	D. H		2
mar ogan	18801he8	100 %	0375 5506708
		8	
(In case of death of first choice) -2^{nd} Option			
Name of Nominee/		1	11
Nominees	Relationship	Specification of Share	Contact Number
	24.45 A4.	4	
21 1.1			
Abdul manan	Brother	100%	03324623660
I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon me.			
The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect			
DATED:			HUMB IMPRESSION OF
The state of the s	201	IHE.	EMPLOYEE