

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

	i i			
Form of Nomination for Death Insurance for CTC Employees				
I Translation of the Employees				
I rean working as working as hereby				
CNIC # 21301-9384934-3 Working as				
nominate the person/ persons mentioned below who is				
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.				
(Figure 200 and a second of my death.				
(First choice)				
Name of Nominee/	Relationship	Specification (C)		
Nominees		Specification of Share	Contact Number	
	ii a	ķ		
1.1.1.1.1.1				
walayat Khan	Brotter		032290250	
	1		03333035081	
		1 4		
(In case of death of first choice) – 2 nd Option				
Name of Nominee/	·	option		
Nominees	Relationship	Specification of Share	Contact Number	
- Contracts				
Taric Khans	0 +1			
Threin	Bro Lien		13337157852	
T1 1	li e			
I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon me.				
me.	!:		dependent apon	
The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect				
(if they) may killed be treated as cancelled and of no effect				
	ļi G	07.01.7		
DATED:		SIGNATURE OR THUMB IMPRESSION OF		
00/00 /001	1	THE EMPLOYEE		
10/04/2014 John			Th	
• (14 2 13			