

[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_Campio Khasa	
I Jamyiz Khan s/d/w/o Janas Khan	bearing
2120-001020-1 vivorities	
nominate the person/ persons mentioned below who is/ are member(s) of my beneficiary(ies) to receive the death insurance amount (see a mount (see a mount)).	hereby
beneficiary(ies) to receive the death insurance amount (sum assured) in the event of my death	family as
	ath.
(First choice)	
Name of Nominee/ Relationship Specification of Share Contact Nu	
Nominees Specification of Share Contact Nu	mber
W 0:6 1:1:	
Bhalta DIDI Wife 160% 030/56002	48
M-Dasim brother 100% 0301-56002	148
(In case of death of first choice) – 2 nd Option	
Name of Nominee / Poletica 1: 2 15	
Name of Nominee/ Relationship Specification of Share Contact Num Nominees	ber
Zakvia Son 100% -215/221	0
Zakvia Son 100% 0301-560024	8
0301- 5600 29	
I hereby certified that the above noted member(s) of my family mentioned are wholly depend	
0301- 5600 29	
I hereby certified that the above noted member(s) of my family mentioned are wholly dependent.	ent upon
I hereby certified that the above noted member(s) of my family mentioned are wholly depend	ent upon
I hereby certified that the above noted member(s) of my family mentioned are wholly dependent.	ent upon
I hereby certified that the above noted member(s) of my family mentioned are wholly dependence. The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effective states.	ent upon ect
I hereby certified that the above noted member(s) of my family mentioned are wholly dependent.	ent upon ect