

03-09-2024

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

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Form of Nomination for Death Insurance for CTC Employees			
I Zair Ahmaa	/	111 1 11	o da /
CNITC "	S,	a/w/oKhan	Muhmmad. bearing
I <u>2017 Ahmad</u> s/d/w/o <u>Khan Muhmmad.</u> bearing CNIC # <u>2123-4080736-9</u> working as <u>C-H-W</u> 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 secure 1) in the			
beneficiary(ies) to receive the death insurance amount (sum assured) in the event of my death.			
	e de la companya del companya de la companya del companya de la co		are event of my death.
	(1	irst choice)	
Name of Nominee/	Relationship	Specification of Share	
Nominees	-	1	Contact Number
·			
Khan Muhmmoel.	Gatt.		
		100/.	0305-9431721
Zarka bibi	Mother	100%	
(In case of death of contract			
(In case of death of first choice) – 2 <sup>nd</sup> Option			
Name of Nominee/	Relationship	Specification of Share	Contact Number
Nominees		1 State of Office	Contact Number
Shah Zib Khan		1	
mun Liv ichan	son	100%	0305-9431721
I hereby certified that the above me.	e noted member(	s) of my family mentions	d and rule aller I
me.		o) of mry family mentioner	d are wholly dependent upon
The carlier name of			
The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect			
DATED:		SIGNATURE OR T	HUMB IMPRESSION OF
	in the second	THE	EMPI OVEE