

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

Form of Nomination for Death Insurance for CTC Employees

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I 31a W. Rehm	14.22 s,	/d/w/o bang/ s/	hah bearing
CIVIC # 1/105-14 (D	02117	7 .	1 2 1
nominate the person/ pe	rsons mentioned	helory rishe is	member(s) of my family as
beneficiary(ies) to receive th	e death insurance	amount (areas	member(s) of my family as
beneficiary(ies) to receive th		amount (sum assured) i	n the event of my death.
	17	First choice)	
Name of Nominee/	Poloties 1:		
Nominees	Relationship	Specification of Share	e Contact Number
2.1			
Mulha mmad - Farracl	Son	101296	222 001/19
00 1.11 10 1	4	160	0302 5566 690
Mohib ullah	barther	100%	0302 5566 690
			3 50 67 6
	In case of death o	of first choice) – 2 nd Option	
	II II acam o	of this choice) - 2nd Option	n
Name of Nominee/	Relationship	Specification of Share	Contact Number
Nominees		T State	Contact Number
5.6	.0		
Nazas BiBI	Wite	100 do	0302 5566 690
			03073366070
I hereby certified that the above	o noted manufact	-) - (
I hereby certified that the above me.	e noted member	s) of my family mentioned	d are wholly dependent upon
The earlier nomination made	by me (if any) ma	y kindly be treated as car	acelled and of no effect
		,	The state of the cirect
		SIGNATUREORT	THI IMP IMPRECIONS OF
DATED:	SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE		
0/0/0004	74		
5/7/4027	ć ,	10	~
	4		