

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

Form of	Nomination for I	Death Insurance for CTC	Employees	
Kon	land s	/d/w/o Mihanana	/ 01-	
CNIC # 17301-04	70377 ~	- Miledilli	H. W hereby	
nominate the person/	persons monti-	working as	H.W hereby	
beneficiary(ies) to receive	the death insurance	a below who is/ are me e amount (sum assured) in t	ember(s) of my family as	
		(outri assured) in t	the event of my death.	
27	(1	First choice)		
Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number	
Rukhsana	Mother	50%		
Rashid	Brother		0315 7003654	
TISM (A	Brother	50%.	03189562188	
	(In case of death o	of first choice) – 2 nd Option		
Name of Nominee/	Relationship	Specification of Share	Control	
Nominees		T	Contact Number	
Arshid	Bother			
	Dalhad	(00 7. 0	3198061165	
I hereby certified that the ab				
I hereby certified that the ab me.	ove noted member(s	s) of my family mentioned a	re wholly dependent upon	
The earlier nomination mad	e by me (if any) ma	y kindly be treated as cance	elled and of no effect	
		CIONATE		
DATED:		SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE		
22/3/24			a bottle	
14/61		- Osa		