

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

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Form of N	omination for D	eath Income	
Form of Nomination for Death Insurance for CTC Employees  I Zahid Ali s/d/w/o Kstab Khan bearing  CNIC # 21203-389 (15-9)			
	s/	d/w/o_Kitab	Khan havin
CNIC # 21203-380 nominate the person/ pe			
nominate the person/ pe	rsons mentioned	bolovy rule	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 assured) in the event of my death.			
			the event of my death.
	(F	irst choice)	
Name of Nominee/	Relationship	Specification of Share	
Nominees		opecation of Share	Contact Number
	1 4		
Sueeda	ui.lo	1000	
	waje	100 %	03045135572
Afnem Khom	Son	100 %	03045135572
			1010017
(In case of death of first choice) $-2^{nd}$ Option			
	i i i deduit o	i mst choice) - 2nd Option	
Name of Nominee/	Relationship	Specification of Share	Contact Number
Nominees			
Abdul Sabbod	Boother	100%	03045131572
			00-101010 77
I hereby certified that the aboume.	e noted member(	s) of my family montioned	7 77 7
me.	i i	o) of my family memioned	are wholly dependent upon
The comline was a six of			
The earlier nomination made	by me (if any) ma	y kindly be treated as can	celled and of no effect
*			
DATED:			HUMB IMPRESSION OF
	. I	THEE	MPLOYEE
4-9-2014			