

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

Form of Nomination for Death Insur	rance for CTC Employees
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Torm of Nomination for Death Insurance for CTC Employees				
I Zaitaon Af	Ridi s/	d/w/o_Shex AA	mael bearing	
CNIC # 21203 - 7001	200 -		bearing	
nominate the person/ pe	570-1.	_ working as	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				
beneficiary(ies) to receive the death insurance amount (sum assured) in the event of my death.				
		irst choice)		
Name of Nominee/	Relationship	Specification of Shar	e Contact Number	
Nominees			Contact Number	
Jan Ahmad	Brother	100%	0335-8356381	
			2336367	
(In case of death of first choice) – 2 <sup>nd</sup> Option				
Name of Nominee/	Relationship	Specification of Share	Contact Number	
Nominees			Jointage I validation	
		9		
Hafeez ulah	Son	100%	0304-5249326	
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Thereby certified that the above metadam is a constant of the characteristic of the char				
I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon me.				
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The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect				
y state and of no effect				
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DATED:			THUMB IMPRESSION OF EMPLOYEE	
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4-9-2024	ai .	Entour	L	
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