

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

Form of Nomination for Deatl	n Insurance for CTC Employees
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C . 1		The state of the Employees		
I Said Amin CNIC # 212016164 nominate the person/ per	s/	d/w/o Sucha L		
CNIC #) 1) 01 6 1 6/	. 827	CHW	bearing	
nominate the parson/	1721	working as 0304	0749476 hereby	
nominate the person/ perbeneficiary(ies) to receive the	rsons mentioned	below who is/ are m	ember(s) of my family as	
beneficiary(ies) to receive th	e death insurance	amount (sum assured) in	the event of my death	
			and the state of t	
	(F	irst choice)		
Name of Nominee/	Relationship	Specification of Share		
Nominees		opechication of Share	Contact Number	
	1			
Khyber Khan	BYOTH	100%	A2 -1 -1 -1	
0	Jackey	1007	03040749476	
	(In case of death o	of first choice) - 2nd Option		
	T			
Name of Nominee/	Relationship	Specification of Share	Contact Number	
Nominees		,		
	is .			
I hereby contified that the all			*	
I hereby certified that the above	ve noted member((s) of my family mentioned	are wholly dependent upon	
me.				
The earlier nomination made	by me (if any) me	ov kindly he treeted		
	by me (if arry) me	ly kniury be freated as can	celled and of no effect	
DAMA		SIGNATURE OR THUMB IMPRESSION OF		
DATED:	\$ 8.	THE E	MPLOYEE	
05/09/2024				
- 15 // NONY	d y		7	
	<i>i</i> 1			