

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

Form of Nomination for Death Insurance for CTC Employees			
I kiramat Whi			
I <u>Kiramat. Khan</u> s/d/w/o <u>Khial. Badat</u> bearing CNIC # 21201-1516036-7 working as <u>C. H. W</u> hereby			
nominate the person, persons marting I working as C. H. W 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.			
(First choice)			
Name of Nominee/	Relationship	C 16	÷
Nominees	Relationship	Specification of Share	e Contact Number
V Lind I who	D /:		
Khial badas	Father	100%	0333 4919 304
Muhammad Impan	h 44 .		
The world I would	D807402	1000/0	0308 55 29 485
(In case of death of first choice) – 2^{nd} Option			
Name of Nominee/	Relationship		
Nominees	relationship	Specification of Share	Contact Number
	10 17	Ιψ	
Caidlelale	1	1 -	
Said Khakee m	Drother	100 %	03229985181
I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon me.			
me.			
The earlier nomination and a			
The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect			
¥			
DATED:	SIGNATURE OR THUMB IMPRESSION OF		
	7	THE EMPLOYEE	