

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

Form of Nomination for Death Income
Form of Nomination for Death Insurance for CTC Employees  I Najeeb Ullah s/d/w/o Mix Alam Khan bearing  CNIC # 21202-68882220
s/d/w/o Mix Alam Khan bearing
nominate the person/ persons mentioned below who is/ are member(s) of my family as beneficiary(ies) to receive the death insurance amount (sum seems l) in the seems like the death insurance amount (sum seems l) in the seems like the death insurance amount (sum seems l) in the seems like the death insurance amount (sum seems l) in the seems like the death insurance amount (sum seems l) in the seems like the death insurance amount (sum seems l) in the seems like the seems like the death insurance amount (sum seems l) in the seems like the see
beneficiary (ies) to receive the death insurance amount (arms and like) are member (s) of my family as
beneficiary (ies) to receive the death insurance amount (sum assured) in the event of my death.
(First choice)
Name of N. in the state of the
Name of Nominee/ Relationship Specification of Share Contact Number
Nominees Contact Number
Basis
Basia bibi Wife 100 % 0345916 9011
Variable Address Addre
100 % 03028845599
0 30 6 8 9 33 7 9
(In case of the state of
(In case of death of first choice) - 2nd Option
Name of Nominee/ Relationship Specification of Share Contact N. J.
Nominees   Relationship   Specification of Share   Contact Number
Mir Alam Khan Father 100 % 100 11
Ham Chain Tother 100 % 0311 91155 44
I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon me.
me. me. the first ranking mentioned are wholly dependent upon
The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect
deated as cancelled and of no effect
DATED: SIGNATURE OR THUMB IMPRESSION OF
THE EMPLOYEE
05/09/2024
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