

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

Form of	Nomination for	De-17 7	
I_Samina A CNIC # 34603-771		Death Insurance for C	TC Employees
	CIT	12/201	
CNIC # 34603-771 nominate the person/	2314-2	Serias	Khan bearing
nominate the person/	persons mani	working asA	S
beneficiary(ies) to receive	the death :	d below who is/ are	member(s) of my family as
beneficiary(ies) to receive	are deadt insurance	e amount (sum assured)	in the event of my death
	(1	First choice)	acaut.
Name of Nominee/	11 7 511		
Nominees	Relationship	Specification of Share Contact Number	
		. "	Contact Number
Janas Khan			
Ganas Khan	tather	100 %	
		00 10	6.333 9076376
		4.00	
	(In case of door	6.6	
No Car	tall cupe of death o	f first choice) – 2 nd Optio	n .
Name of Nominee/ Nominees	Relationship	Specification of Share	
ronunees		of officer	Contact Number
0	8 16		
Sana	Sister	100 to	
	9.3 101	100 10	03160993327
7.1			
I hereby certified that the abo	ve noted member	of myr famil	d are wholly dependent upon
me.		of my family mentioned	d are wholly dependent upon
The earlier nomination			
The earlier nomination made	by me (if any) may	y kindly be treated as car	ncelled and of po effort
*			or no effect
		1	
DATED:	SIGNATURE OR THUMB IMPRESSION OF		
•	THE EMPLOYEE		
3-4-2024		1	
		2N02	
		1 - 11	