

## [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 ATlas Khan	s	jajwjo lalzad	gul hearing
CNIC # 249 02-7489150-5			
CNIC # 219 02-7682150-5 working as C.H.W hereby			
persons menuoned below who is a man it			
beneficiary(ies) to receive the death insurance amount (sum assured) in the event of my death.			
(First choice)			
Name of Nominee/	Relationship	Specification of Share	Combact NT 1
Nominees		T	Contact Number
Kashif	Son	100 0/0	03.235/1633
			10000000
(In case of death of first choice) – 2 <sup>nd</sup> Option			
Name of Nominee/	Relationship	Specification of Share	
Nominees	l	opecinication of Snare	Contact Number
	a activity distance		Angelona
Afrasyab	Son	100%	2 / 0 2 2 2 2 5
100/00	00//	100 /0	03069438125
A A			
I hereby certified that the above noted member(s) of my family mentioned are wholly dependent			
upon me.	*	, , , , , , , , , , , , , , , , , , , ,	and whony dependent
The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect			
	SIGNATURE OR THUMB IMPRESSION OF		
DATED:			MPLOYEE
09/6/0-91			
21/8/2014			160,161