

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

Form of Nomination for Day				
Form of Nomination for Death Insurance for CTC Employees  I Muhammad Ali s/d/w/o Barkat Ali Khan bearing				
1_1. Tunammad All	s/	d/w/o Baskat	Ali 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 assured) in the event of my death.				
	11 - (1)	rst choice)	,	
Name of Nominee/	Relationship			
Nominees	Relationship	Specification of Share	Contact Number	
Barkat Ali Phan	Father	Full		
	The state of the s		0300 5977383	
(In case of death of first choice) – 2nd Option				
Name of Naminas /				
Nominees	Relationship	Specification of Share	Contact Number	
11.	30			
Usman Ghani	Son	Full	0300 5977383	
I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon me.				
	11 31: 11 7			
The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect				
*		, realizing of freated as car	ncelled and of no effect	
·	100			
DATED:		SIGNATURE OR THUMB IMPRESSION OF		
26/20/2024		THE EMPLOYEE		
00/09/100	7,000	- FEE		
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