

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

Form of N	Omination for D		
I_Rahid G		eath Insurance for CTC	Employees
CNIC # 2/202-779 nominate the person/ pe	s/	d/w/oKhana	Employees Gal bearing
nominate the person/ pe	Prsons montion 1	working as	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 event of my death.			
	£1 - \$1;	irst choice)	and overte of they deadle.
Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
		100%	
Khana Gul	Father	100%	0345-9421557
Hameed ullah	Brother	10.00%	0312-9421557
(In case of death of first choice) - 2nd Option			
Name of Nominee/	Relationship	Specification of Share	,
Nominees		opecinication of Share	Contact Number
Permeen Bibi	Mother	10.001	21.0
		1000%	0345-9141573
I hereby cortification			
I hereby certified that the abome.	ve noted member (s	s) of my family mentioned a	are wholly dependent upon
	17 *2.77		
The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect			
DATED:		SIGNATITE OF TH	III IN ID IN IDDECOROR
7-09-2024		SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE	
7 -1 - 2 - 9	200	Rapid Gul	