

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

Form of M			
I Kam What To	ollination for D	eath Insurance for CTC	Employees
0/1001 /4		III ALI	. / /
CNIC # 4102-3/30	133-/	Working as /	Dearing
heneficiary (ica)	rsons mentioned	below who is/ are m	Shah bearing bearing health whethereby ember(s) of my family as
beneficiary(ies) to receive th	e death insurance	amount (sum assured) in	the event of my death.
	(Fi	rst choice)	
Name of Nominee/	Relationship	Specification of Share	
		i	Contact Number
Naseem Shah	Brother	1	
Zareena		100%	03334208718
careena	mother	· ·	03/99740321
(	In case of death of	first choice) - 2nd Option	
Name of Nominee/	Relationship		
Nominees		Specification of Share	Contact Number
C1 . 1 1			
Shui la /kram	wife	loot t	3059296749
71			33/0/09/99
I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon			
me.		or my raining mentioned a	are wholly dependent upon
The earlier nomination made l	ov mo (if a - )		
The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect			
	A Property		
DATER		SICNIATI IDTI OR	
DATED:		THE EV	UMB IMPRESSION OF IPLOYEE
06 Sef 2024		1Kramu II a	Ju
:		7	10