

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

Form of M	
O Normanion for D	eath Insurance for CTC Employees
I Kahat Khan	12 Comproyees
CNIC # 21202-7556 814-7  nominate the person/ persons mentioned	d/w/o Chancl Olah bearing
nominate 41	working as CHIII
heneficientalia person/ persons mentioned	below who is are hereby
scrienciary (les) to receive the death insurance	working as hereby below who is/ are member(s) of my family as amount (sum assured) in the event of
	and the event of my death.
(F	irst choice)
Name of Nominee/ Relationship	Specificati
Nominees	Specification of Share Contact Number
Khandullah Father Loopata BiBi roother	1
Tourch	D32/1012 (27
Loopata pipi wanthor	03341818637
D'D1 4 20111E1	
(In case of death of	first choice) - 2nd Option
	anst choice) - 2nd Option
Nominees Relationship	Specification of Share   Contact Number
100	Specification of Share Contact Number
C. 100	
Sading Brother	1:21
	0320 1981671
Thoroby	
me certified that the above noted member(s	of my family mentioned are wholly dependent upon
THE.	y or any ranking mentioned are wholly dependent upon
The earlier nomination made 1	
The earlier nomination made by me (if any) may	kindly be treated as cancelled and as
	and or no effect
	·
DATED:	SIGNATURE OR THUMB IMPRESSION OF
- 「「「「「」」「「」」「「」」「「」「」「」「」「」「」「」「」「」「」「」	TITUINID IMPRESSION OF