

[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 Yax Zameen s/d/w/o laig khan				
- Louisey)	s/c	d/w/o loug leh	3/1	bearing
CNIC# 21202-586486	2-3	TATOMICING CO.		- ,
die personi	S: mennoned	holory risha :-/		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.				
	8.1 8.1	(Salit assaica) i	it the event or my	death.
	(Fi	rst choice)		
Name of Nominee/	Relationship	Specification of Shar	e Contact	Mumbou
Nominees	10.1		Contact	rvuitber
	, pr. 18	-		
LAIQ KHANI F	#	(- W		
	ajnej	50%	0308-56	56099
day.				
En				,
) (Im c	ase of death of	f first choice) – 2 nd Optic	on	x 2
Name of Nominee/	Relationship	Specification of Share	,	
Nominees		opecification of Share	Contact N	umber
		*	•	
Bagh Jamul B	yathe1			
DTJ1. U		50%	0308-56	56099
				300 []
I hereby certified that the above n me.	Oted member	s) of my famile		
me.		s) of my family mention	ed are wholly depo	endent upon
The april		∞ ∞ - ₹		
The earlier nomination made by	me (if any) ma	y kindly be treated as ca	ancelled and of no	effect
				1,0
DATED:		SIGNATURE OR	THUMB IMPRES	SION OF
DATED:		THE	E EMPLOYEE	01014 01
5/9/2024		Va. 7	*	