

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

Form of N	omination for Death Insurance for CTC Employees	
I Sana ulla	Seath Hisurance for CIC Employees	
194114 11/19	s/d/w/o <u>Muhammad JA N</u> bear	
CNIC # 21202-7	306838-1 working as 2 //	ing
nominate the person/ pe	bear bear bear bear bear bear bear bear	eby
beneficiary (ies) to receive the	ne death insurance amount (sum assured) in the event of my death.	as
Nomeral	(First choice)	
Name of Nominee/	Relationship Specification of Share Contact Number	
Tronmitees .	Specification of Share Contact Number	
0 1 - 1		
AYShah Sana	WIFP 100 y	and the same of th
muhama	100% 0335-1616704	/
muham mad JAN	Father 100% 0332-93490	0
	2332-43440	359
	(In case of death of first choice) – 2nd Option	
Name of Nominee/		
Nominees	Relationship Specification of Share Contact Number	
To I MIT I I		-
IN Afat Khan	Brother	
THE BOYAN SANG	100 % 0335-1616-70 W	
	7070 70 7	
I hereby certified that the above	re noted member(s) of my family mentioned are wholly dependent upo	
me.	mentioned are wholly dependent upo	n
The earlier nomination made		
- auton made		
	by me (if any) may kindly be treated as cancelled and of no effect	
* :	by me (if any) may kindly be treated as cancelled and of no effect	
DATED:	SIGNATURE OR THUMB IMPRESSION OF	
	SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE	