

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

Form -			
Form of	Nomination for De	eath Insurance for CTC	Employees
- JAID KAI	HE S/	d/W/O KHANI	CILOUI
CNIC # 2/203 - 996	16845-9	working as	SHAH bearing
nominate the person/	persons mentioned	working as	hereby ember(s) of my family as
beneficiary(ies) to receive	the death insurance	below who is/ are me amount (sum assured) in t	ember(s) of my family as
		(abbarca) III (he event of my death.
No.	(Fi	rst choice)	
Name of Nominee/	Relationship	Specification of Share	0
Trondiees	Constitution of the consti	of Situle	Contact Number
121			
Khan Shah	Father	100	
Hamza Alishah	C		0332 9495224
Trainiza Ali Shah	Brother	100	03369293417
	(In case of death of	first choice) - 2 nd Option	× 1
		_	
Name of Nominee/	Relationship	Specification of CI	
Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
Name of Nominee/ Nominees Zahir Khan	Relationship		
Nominees	Relationship		
Nominees Zahir Khan		250 0	3354160362
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Nominees Zahir Khan I hereby certified that the all me.	oove noted member(s)	of my family mentioned a	re wholly dependent upon
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