

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

Form of 1	Nomination for D	eath Insurance for CTC	~ E1
I Minapat	Klan =	d/w/o <u>labore</u>	- Employees
CNIC # <u>RIRO3 66</u> , nominate the person/	0 1 2 1	a/w/o <u>Capore</u>	Khan bearing
beneficiary(jes) to receive	ersons mentioned	below who is/ are m	hereby hereby as
beneficiary(ies) to receive	ne death insurance	amount (sum assured) in	the event of my death
		rst choice)	or my deadl.
Name of Nominee/	10 1 201		
Nominees	Relationship	Specification of Share	Contact Number
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Cahore Khan	Father	Lox loss	
01		101/1swasse	03335954/9/
Shop gen Khan	Broker	4	
	1000		03338785872
*	(In case of death of	first choice) - 2nd Option	
Name of Nominee/			•
Nominees	Relationship	Specification of Share	Contact Number
/ /			
Lahore Khan	father	For how	
		For Insurance 6	333 5954191
		The state of the s	
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