

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

Form of N	Jomination for	Double T	;
Form of Nomination for Death Insurance for CTC Employees I			
91012 07		/d/w/o_Muhamm	iad Jaseen.
CNIC # 21203 2 1	03516-1	working as Cli	bearing
beneficiary/ice) to	ersons mentioned	below who is/ are	member(s) of my family as
beneficiary(ies) to receive the	ne death insurance	e amount (sum assured)	in the event of my family as
		First choice)	event of my death.
Name of Nominee/	1 : 21:		
Nominees	Relationship	Specification of Shar	e Contact Number
Calib			
Sahiba Adam Khan	wife	SO %	0300 - 4282525
Adam Khan	Son	50 %	
			0300-4282525
	(In case of dooth	(()	
Name of Nominee/		of first choice) – 2 nd Optic	on .
Nominees	Relationship	Specification of Share	Contact Number
Samaweya	Doughter	1 - 5	
		100 %	0300-4282525
Thoust			
me certified that the above	ve noted member(s) of my family mentions	a di sa
	ve noted member(s) of my family mentioned are wholly dependent upon		
The earlier nomination made	by me (if any) ma	v kindly ha	
		ly kindly be treated as cancelled and of no effect	
	Name of the Control o		.}
DATED:		SIGNATURE OR THUMB IMPRESSION OF	
		SIGNATURE OR T	HIIMR IMPRECESS.