

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

Form	,		:
rorm of r	Nomination for De	eath Insurance for CTC	Employees
I_Shoaib		11-1	
IShoaib CNIC#31303-848	S/	a/w/o_Sabix	Jon bearing
CNIC #31 303- 848 nominate the person/ p	93+1-5	working as	(a)
heneficings/in-)	ersons mentioned	below who is/ are m	hereby hember(s) of my family as
beneficiary(ies) to receive t	he death insurance	amount (sum assured) in	the exert of my family as
	21 71		and event of my death.
NT CO	(FI	rst choice)	
Name of Nominee/	Relationship	Specification of Cl	
Nominees		Specification of Share	Contact Number
	100		
m-t			
Mohammadi Khan	Brother	50 do	0308-6356743
Bakht ali Khan	Brother	/	3330743
in an inan	Brother	30 0/0	0306-8542223
			537223
	(In case of death of		
,	(Mi case of death of	first choice) and o	
	The Market of the Control of the Con	- Zim Option	* E
Name of Nominee/	I Da	first choice) - 2nd Option	
Name of Nominee/ Nominees	I Da	Specification of Share	Contact Number
Name of Nominee/ Nominees	I Da		
Nominees	Relationship	Specification of Share	
Name of Nominee/ Nominees Zaitoon	I Da	Specification of Share	Contact Number
Nominees	Relationship	Specification of Share	Contact Number
Nominees	Relationship	Specification of Share 200%	Contact Number 0364- 91156 85
Nominees	Relationship	Specification of Share 200%	Contact Number 0364- 91156 85
Nominees Zaitoon I hereby certified that the abome.	Relationship mother ove noted member(s)	Specification of Share 200% of my family mentioned	Contact Number 0364- 91156 85. are wholly dependent upon
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