

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

		:
Form of Nomination for Death Income		
Form of Nomination for Death Insurance for CTC Employees  [ Khial Tan Statement of Tan Stat		
I Khial Jan s/d/w/o Hazi Tamash Khan bearing  CNIC # 2/202-8500930-9 working as Area Supervisor hereby		
nominate the person/ persons mentioned below at the Supervisor hereby		
nominate the person/ persons mentioned below who is/ are member(s) of my family as beneficiary(ies) to receive the death insurance amount (sum assured) in the event of my death.		
distribution (sum assured) in the event of my death.		
	(First choice)	
Name of Nominee/ Relationship	Specification of Share	
Nonunees	i and the state of strate	Contact Number
Muhammad Asif Son		
Muhammeed Zaid Son	190%	0308-5395366
Zene 3011		0308-5395366
		0 300 3373 366
(In case of death	of first choice) - 2nd Option	
Name of Nominee/ Relationship		
Nominees	Specification of Share	Contact Number
Nasyeen wife		
1145 reen Wife	100 / 1	7333 100 86 82
I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon me.		
me. me. dependent upon		
The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect		
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SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE