

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

Form of N	Jomination C. 70		
Form of Nomination for Death Insurance for CTC Employees I Zakir Rahman s/d/w/o Dur Shah khan bearing			
takir Rahman	8/	All-Al- D	
CNIC # 21203 07/	5/	41W10 Duy Sha	h Khan bearing
CNIC # 21203-07668 7-4-5 working as Area Supervisor hereby beneficiary(ies) to read the persons mentioned below who is are member(i) as			
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			
beneficiary (ies) to receive the death insurance amount (sum assured) in the event of my death.			
	(Fi	rst choice)	7
Name of Nominee/	(* 1 E1)		
Nominees	Relationship	Specification of Share	Combana
			Contact Number
D Comment		249	
Dur Shah Khan	Father		
	174/Ner	100	0334-0985998
Abid Khan	Brother		, ,03,7,8
	Orother	100	0333-6693229
			300/3221
	(In case of doors	·	* 8
,	(A) case of death of	first choice) - 2nd Option	n i
Name of Nominee/	Relationship		
Nominees		Specification of Share	Contact Number
	20.00		
Safeer Rahman	Maternal		
dy - Manman	Causin	100	225 0-0/57/
		100	0335-9396776

I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon

The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect

DATED:

SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE

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