

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

Horm of M	
Form of Nomination for Death Insurance for CTC Employees I Faxidullah s/d/w/o Muhammad Rigg bearing CNIC # 21203-594/111-7 working as also a company of the search of th	
a de la	
CNIC # 21208-59 44411 7	bearing
Tionimate the percon!	
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.	
	unount (sum assured) in the event of my death.
(Fir	st choice)
Name of Nominee/ Relationship	Specificati
Nominees	Specification of Share Contact Number
Shehzad Khen Son Anaya Stouther	
	50% 0301-5931584
Anaya douther.	
	30% 0301-5931584
(In case of death of first choice) – 2 nd Option	
TYGIIP () IVO minas /	inst choice) - 2nd Option
Nominees Relationship	Specification of Share Contact Number
	. Joinact Number
Fawackham Son	
- awar Kham 30n	100% 1721 502,001
	10301=3751584
I hereby certified that the above noted member(a)	of my family mentioned are wholly dependent upon
me.	or my family mentioned are wholly dependent upon
The earlier nomination made by me (if any) may k	
may k	sindly be treated as cancelled and of no offer.
	and of no effect
DATED:	SIGNATURE OR THUMB IMPRESSION OF
10-9-2026	THE EMPROYEE