

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

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Form of Nomination for De	eath Incurance Come -
	eath Insurance for CTC Employees
I Banavas Khan s/	1/1 1/1 0 1
1 (i i i i i i i i i i i i i i i i i i	a/w/o Antar Gul
nominate the name /	below who is/ are member(s) of my family as amount (sum assured) in the event of
person/ persons mentioned	below who is hereby
beneficiary (ies) to receive the death incurrence	are member(s) of my family as
	below who is/ are member(s) of my family as amount (sum assured) in the event of my death.
	of my deadl.
(Fi	rst choice)
Name of Non-	
Nominees Relationship	Specification of Share Contact Number
Nonunees	Specification of Share Contact Number
/11/a/ax	
2-Ulgarnin Son Muhmmad Siyam Son	50%
	0306 7778092
Pluhmmad Sius Son	2:01
10101790	50/.
	30/. 0343 1010410
(In case of death of	first choice) - 2 nd Option
Tax addition	option .
Name of Nominee	
Nominees	Specification of Share Contact Number
	- Contract Number
Gul Shad Bibi wife	
Tue Shoul Quiller	4
Jua Dibi Wife	100/. 9200942720
	100/. 03000943722
Thomas	
rifereby certified that the above noted member(a)	of my family mentioned are wholly dependent upon
me.	of my family mentioned are wholly dependent
	thony dependent upon
The earlier nomination	
The earlier nomination made by me (if any) may	kindly he tracted
	and of no effect
DATED:	SIGNATURE OR THUMB IMPRESSION OF
	THE EXAMINATIVESSION OF
09/09/2006	THE EMPLOYEE
7,7797	() Ch.
	Jalox John
- H - 1861 - 111 - 12	