

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

Form of M.		r
Form of Nomination for Death Insurance for CTC Employees		
constant famal	12/2012	
I <u>Muhamad Kamal</u> s, CNIC # 21203-7262458-1	u/w/oSakif	bearing
nominate the person / working as (-H-IA)		
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.		
	irst choice)	he event of my death.
Name of Name:		
Nominees Relationship	Specification of Share	Contact Number
Solit		10
SalitoorKhan Father-	50 %	03302848049
Muhamad Kamal Wife	50%	03329062048
		03329062048
In case of door of		
(In case of death of first choice) - 2nd Option		
	Specification of Share	
Tonuliees	T	Contact Number
11		
Hastam Khan Brother	50 %	1335 9522538
I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon		
me. me. wholly dependent upon		
The earlier nomination made		2 4 4 7 0 7 1
The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect		
	: and of no effect	
DATED:	SIGNATURE OR THI	IMP IMPRIGATE TO
15/2/2 2/	SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE	
-737972024 My Venal		
mu Raxear		
		y.