

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

Form of Nomination for I	
t Share	Death Insurance for CTC Employees
1 Sterzaman	11/
CNTC " 2 - s	10/W/o_AKhter Zaman
I Sherzaman s CNIC # 21203- 1224482-7 nominate the person/ persons mentioned	bearing
and the person /	- Carining as
beneficiary (ies) to receive the death	below who is/ are member(s) of nereby
the death insurance	working as hereby hereby e amount (sum assured) in the event of my family as
	or the event of my death.
	First choice)
Name of Nominee/ Relationship	
Nominees	Specification of Share Contact Number
	Contact Number
Muhammad Asit Son	
	50 % D221 00 01/2
Muhamad Ameer Son	0331-9918143
1 Three Scrip.	50 % 0331-9918143 50 % 0331-9918143
	70 331-7118143
(In case of death o	f first choice) - 2 nd Option
	Option .
Nominees Relationship	Specification of Share Contact Number
17.11.1	Contact Number
3 B	
Ahamad ullah Son	
Triamag Ullah Sol)	9 Full- 1022, 00
	9 Full- 0331-9918143
Thereby certified at the same of the same	, ,
me me that the above noted member(s) of my family mentioned are wholly dependent upon
	of my family mentioned are wholly dependent upon
The earlier non-	3 - Foresti about
The earlier nomination made by me (if any) may	kindly have
7,	kindly be treated as cancelled and of no effect
	*
DATED:	SIGNATION
.0. 0	SIGNATURE OR THUMB IMPRESSION OF
18-9-024	THE EMPLOYEE
	Shere am
	The Har