

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

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Form of Nomination C	
I Mizem Charles	Death Insurance for CTC Employees
1 Thoum sheep	Idialo Raco All
CNIC # 21203-4015186 3 nominate the person/ persons mentioned beneficiary/ies) to reach the second mentioned beneficiary/ies to reach the second mentioned beneficiary mentioned beneficially mentioned beneficiary m	d/w/o_Basan Khan bearing
nominate the person/	working as CHIII.
beneficiary(jes) to read persons mentioned	below who is/ are many (i) hereby
(les) to receive the death insurance	hereby a below who is/ are member(s) of my family as amount (sum assured) in the event of my death.
	(sum assured) in the event of my death.
(1	First choice)
Name of Nomines	
Nominees Relationship	Specification of Share Contact Number
	Contact Number
(p. 6)	
Basan Khan Father	
	Full Spol man
Fardose Miram Son	Full 50% 0335-5894668 Full 50% 0335-5894168
Jon Son	Full Carl
	POG 1 30 /0 0335.5894168
(In case of death o	f first choice) - 2nd Option
Name of Nominee/ Relationship	option
Nominees Relationship	Specification of Share Contact Number
	Contact Number
MIT	
19 Farhan Miran Son	Full Call
	Full 50 % 0335 5894168
	3 22 2 3 1 1 10 8
I nereby certified that the above noted momba.	s) of my family mentioned are wholly dependent upon
me.	s) of my family mentioned are wholly done a
	mony dependent upon
The earlier nomination made by me (if any) may	
may may	kindly be treated as cancelled and of a con-
	and of no effect
DATED	070
DATED:	SIGNATURE OR THUMB IMPRESSION OF
18-9-001	THE EMPLOYEE
C 1 veg	Miram
	1 Char