

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

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Form of Nomination for Death Insurance for CTC Employees				
- Truck anap				
CNIC # 2/263-3579275				
nominate the person working as CA/W				
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				
beneficiary (ies) to receive the death insurance amount (sum assured) in the event of my death.				
(First choice)				
Name of Nominee/	elationship			
Nominees		Specification of Share	e Contact Nu	mber
Soma ullah	Son:	Sall		
	¥11 1.1 1.1	56%	0300 80793	89
Aman allah	Son	50/		
1 121		00/.	11 11	4
(In ca	lico of do-17		4	
Name of No.	se of death of	first choice) - 2nd Option	n	
Name of Nominee/	elationship	Specification of Share	Combana	
			Contact Num	ber
makil Mal				
mohib ullah Bro	thes	100%	03078463617	
I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon				
me.	eu member(s	of my family mentioned	d are wholly depende	nt iinon
The earlier nomination			,	ar apon
The earlier nomination made by m	e (if any) may	kindly be treated as car	celled and of	
			eried and of no effe	Ct
				. v (e)
DATED:		SIGNATURE OR T	HUMB IMPRESSION	J OT
9/9/24		THE	EMPLOYEE	V OF
7111		Aulle		
:	#1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			