

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

Form		ŧ
Form of Nomination for Death Insurance for CTC Employees		
I Muhammad Hapis Khan s/d/w/o Nausherwan bearing CNIC # 21203-5527292-7 Working a Control of the control of th		
CNIC # 21203 - 55 27 202 7	a, w/oI Vousher	bearing bearing
nominate the person / northing as		
beneficiary(ies) to receive the death insurance amount (sum assured) in the event of my death.		
as a source in the death insurance amount (sum assured) in the event of my death		
(F	704 -1 · 1	and event of my death.
Name of Nominee/ Relationship	rst choice)	
Nominees Relationship	Specification of Share	
140mmilees	of semication of Share	Contact Number
Nausherman Father.	2	
Nausher INDn Father.	80 %	0701 2222 6-
(Nauman Intother	. 90	0301-2222503
(Veluman Brother	20%	
		0301-2255503
(In case of death of	Cincia I	*
(In case of death of first choice) - 2nd Option		
Name of Nominee/ Relationship	Specification of Share	,
2 tonditiees	1 Share	Contact Number
8 8		
Nauch	1	
(Vausherman Father	100 %	7701 3000
		0301-2222503.
I hereby certified that the above noted		
I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon		
The		acpendent upon
The earlier nomination made by me (if any) may kindly be treated as constlution		
i jii jii jii jii ji ji ji ji ji ji ji j	MILLIAN DE Treated ac ac-	77 7

The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect

DATED:

SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE