

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

Form of Nomination for Death Insurance for CTC Employees			
s/d/w/o_ Largand - Khan			
CNIC # 35302 - 481379 -7 working as C. H. W hereby beneficiary(ies) to receive the death insurance amount (sum assured) in the			
beneficiary(ies) to receive the death insurance amount (sum assured) in the event of my death.			
are amount (sum assured) in the event of my death.			
		irst choice)	
Name of Nominee/	1 1 21 1	and choice)	
Nominees Nominee/	Relationship	Specification of Share	Control
rvonimiees			Contact Number
00 010	N (N)		
ARSALAN	SON	50 %	
= -	0010	JU 10	0331-7575071
FARCEHA	Daughter	50 %	
	3)000	JO %	0331-75 75071
(In case of death of Guarda			
(In case of death of first choice) – 2 <sup>nd</sup> Option			
Name of Nominee/	Relationship	Specification of Share	
Nominees		of contention of Share	Contact Number
Zargiand Khar	fathex		
La garia king	ramex	100 %	0307-2931753
I hereby certified the control of th			
me			
I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon			
The earlier nomination made by			
The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect			
• ,			to the difference and of the effect
*			-2
DA TETTO		SICNIATION	
DATED: SIGNATURE OR THUMB IMPRESSION OF			
10-09-2024 THE EMPLOYEE			
	n in the term		( ) .