

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

Form of l	Vomination (		:
THAMPAN	Command for D	eath Insurance for CTC	Employees
	1 18	The Day of the	.7
CNIC # 91203-302	29411-7	d/w/o Bismila	bearing bearing
nominate the person/ r	000000	working as	, hour I
beneficiary(ies) to receive	he death in	below who is/ are m	hereby hereby the arms of my family as
beneficiary(ies) to receive	are dealit insurance	amount (sum assured) in	the event of my death
	(Fi	rst choice)	, and a
Name of Nominee/	(* : 23)		
Nominees	Relationship	Specification of Share	Contact Number
,	NAME OF THE PARTY		ostalet ivalliber
11051	0		
Fluger Ali	Jon	50 %	10. 0. 2
Haider Ali Umar Ali	America C	50%	0303-8426122
mar Ali	Son	50 %	0201-01
		/	000 0426122
,	(In case of death of	<i>C</i> :	
Name of NI	C Soc of death of	first choice) - 2 <sup>nd</sup> Option	
Name of Nominee/	Relationship	Specification of Share	C
		Jana	Contact Number
4			
ANWAR-ALI	Con	1	
	1000	100%	0303-8426122
hereby could be		• ,	
I hereby certified that the abo ne.	ve noted member(s)	of my family montions	
	)	and arientification of a	are wholly dependent upon
The earlier nomination made	hy mo (if		
The earlier nomination made	may	kindly be treated as cance	elled and of no effect
			22 120 CHECL
·		. 6.	
DATED:		SIGNATURE OR TH	UMB IMPRESSION OF
THE EMPLOYEE			
1/2024		Jan a	
:		4 Justin	