

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

	June 2024]
Form of Nomination for	David
I wisal Khan CNIC # 21203-15192/2 7	Death Insurance for CTC Employees
CNIC # 21203-15198/2-7 nominate the person/ persons mentione	s/d/w/o Zaxb ullah
handle the person/ persons mentione	working as hereby ed below who is/ are member(s) of my family as ce amount (sum assured) in the event of
beneficiary (ies) to receive the death insurance	hereby below who is/ are member(s) of my family as ce amount (sum assured) in the event of my death.
	amount (sum assured) in the event of my death
	(First of the
No.	(First choice)
Name of Nominee/ Relationship	
Nominees	Specification of Share Contact Number
	Contact Ivumber
Brekhna vlife	F D/
- vona	50 % 0334-6418112
Khalil R	50 /0 0334-6668163
Son Son	
	50% 0334-6668163
	(35.00 (0)
(In case of day)	
(mr case or death	of first choice) - 2nd Option
Nominees Relationship	Specification of Share Contact Number
	Contact Number
Laybullah Fathey	10001
harbauan rather	100/2 0212 02121
	0300-9346363
77	1000.
I nereby certified that the above noted	
me.	(s) of my family mentioned are and the
	(s) of my family mentioned are wholly dependent upon
The earlier nomination made	ly kindly be treated as cancelled and of no effect
if any) ma	ly kindly he treated -
	of no effect
Times and the second se	
DATED:	SIGNATURE
	SIGNATURE OR THUMB IMPRESSION OF
12-09-24	THE EMPLOYEE
	12-09-24
	18- Jul
	12-01