

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

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Form			
rorm of N	lomination for D_{ϵ}	eath Insurance for CTC	Employees
I Zakir Shah	9/1	d/w/a K	21. 1
CNTC " 210 2 2 2	5/(a/w/o rivamal	bearing bearing
CNIC # 21203-21802	03+7	working as CHI	
nominate the person/ p	ersons mentioned	below who is/ are me	hereby ember(s) of my family as
beneficiary(ies) to receive t	he death insurance a	amount (sum assured) in	ember(s) of my family as
		in assured) in t	ne event of my death.
	(Fi	rst choice)	
Name of Nominee/	1 1 201		
Nominees	Relationship	Specification of Share	Contact Number
Kiramat Shah	Father		
Bran	Taller	100%	0341-3468144
			00/17
	(In case of death of	first choice) - 2nd Option	
NI- COX		inst choice) - 2nd Option	£'
Name of Nominee/	Relationship	Specification of Share	
Nominees		1	Contact Number
I hereby certified that the st			
I hereby certified that the abo	ve noted member(s	of my family mentioned a	are wholly done a
			are whony dependent upon
The earlier nomination made	h - ///		
The earlier nomination made	me (if any) may	kindly be treated as cance	elled and of no effect
* ;			0.110 0.1160
			*:
DATED		SIGNIATI IDE OD DE	,
DATED:	DATED: SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE		
12-9-2-211		TUE FIV	ALLOYEE
10 2029		ZShal	
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