

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

Form of N	Omination C. D		;	
Form of Nomination for Death Insurance for CTC Employees I Muhammad Aman s/d/w/o Khan Ahmad bearing				
am ma d	/man s/	d/w/2	AI	
nominate the person/ persons mentioned below with hereby				
nominate the person/ persons mentioned below who is/ are member(s) of my family as beneficiary(ies) to receive the death insurance amount (sum assured) in the event of my death.				
death.				
(First choice)				
Name of Nominee/ Nominees	Relationship	Specification of Share		
INOITHINEES	1.4	- Former don on Share	Contact Number	
VI I W				
Khadim Husain	Brother	C. 0/	4220	
Fazal Rabbi		3 0 70	0335-0097120	
1 Stad Rabbi	Brother	50 %	0334-8000744	
			0)34-8000 149	
	In case of dooth a			
(In case of death of first choice) – 2 nd Option Name of Nominee/				
Nominees	Relationship	Specification of Share	Contact Number	
			Contact Number	
Khadim Husain	A			
The (110) They are	Brother	00%	0335-0097180	
			11100	
I hereby certified that the above noted				
I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon me.				
The cortion				
The earlier nomination made	by me (if any) may	kindly be treated as can		
The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect				

DATED:		SIGNATURE OR THUMB IMPRESSION OF		
16/0/2 THE EMPLOYEE				
10/7/2024				
		- 91	7000	