

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

Form of Nomination for Death Income
Form of Nomination for Death Insurance for CTC Employees I Muhammad Sangah
s/d/w/o 2 chi
nominate of Working as
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 overtest
beneficiary(ies) to receive the death insurance amount (sum assured) in the event of my death.
(First choice)
Name of NI
None: Specification - (C)
Nominees Contact Number
8
Diraj khain Boother Dans
Depended 0339. 5424413
3333 394 4013
(In case of death of time)
(In case of death of first choice) - 2nd Option
Name of Nominee/ Relationship Specification of Share Company Company
Nominees Relationship Specification of Share Contact Number
Mirtai 4 hours 15 11
Mirtaj 4 han Brother Depended 0315.9438365
03014458365
I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon
me. me. mentioned are wholly dependent
acpendent upon
The earlier nomination made by me (if any)
The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect
i di di lio ellect
DATED: SIGNATURE OR THUNG DODGE
SELECTION OF
Z/G/2021
-01-11-2054 - P1 Sull