

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

			:
Form of Nomination for Death Insurance for CTC Employees			
I Suliman Khan s/d/w/o Muhammael Nawar bearing CNIC # 21203 - 7688 47 4-7			
CNIC # 21203 - 7/	S 2 2 7 1 2 2	(d/w/o_/\uhamma	bearing H-W hereby
nominate the person/	Corcona	_ working as	Ha W homely
beneficiary(ies) to receive	the death incomed	below who is/ are me	ember(s) of my family as
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.			
	(F	irst choice)	,
Name of Nominee/	14 1 2011		
Nominees	Relationship	Specification of Share	Contact Number
1/6-11-71	D 4	:	
Khan Zaib Namit Hi	Bro They	100 %	22-7 11 2
Alamit Ali	1 0 4		0307-5408106
DOGMIL Strong	Byother	100 %	0307-8983576
			105/8103) 16
(In case of death of first choice) - 2nd Option			
Name of Namina /			
Nominees	Relationship	Specification of Share	Contact Number
			· · · · · · · · · · · · · · · · · · ·
14 :	8 1,9		
Muhammad Mausez	Father	100 %	333-9958245
	<i>numer</i>	100 / 5 0	3060096711.
I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon			
me.	ove noted member (s) of my family mentioned a	re wholly dependent
			at which dependent upon
The earlier nomination mad	e by me (if any) ma	V kindly hater	T .
The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect			
	A Second		x**
D 4 (F)		CICALAGE	
DATED:		SIGNATURE OR THUMB IMPRESSION OF	
9-9- 294		THE EM	IPLOYEE