

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

Form of Nomination for	or Death Insurance for CTC Employees
I Khen Milmond	_s/d/w/o _Said Tmyan bearing
CNIC # 2) 23-468-9561- nominate the person/ persons	_s/d/w/obearing
beneficiary/ice) to person/ persons mentic	ned below who is/ are many (1) 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.	
	at the event or my death.
Name of N	(First choice)
Name of Nominee/ Relationsh Nominees	ip Specification of Share Contact Number
Tronimitees ,	Contact Number
Gul Muhummad Bro	
C \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	0334 969767
Said imran father	0 (0 (100)
The state of the s	0334-90970637
(In case of dea	th of first choice) - 2nd Option
Name of Nominee/	
Nominees Relationshi	p Specification of Share Contact Number
The state of the s	
Lais DI	
Hay! Rahman Bro	0334_9097663
1.0	0339-909+663
I hereby certified that the above not	er(s) of my family mentioned are wholly dependent upon
me.	er(s) of my family mentioned are wholly dependent
The section	
The earlier nomination made by me (if any)	may kindly be treated as cancelled and of no effect
	Antory be treated as cancelled and of no effect
DATED	CTO
DATED:	SIGNATURE OR THUMB IMPRESSION OF
18-09-2026	THE EMPLOYEE
	_ (10)
	X