

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

Form of N			•	
I Abildana da	omination for D	eath Insurance for CTC	Employees	
TIEMEN -WYON	s/	d/w/o Aman	villal	
beneficiary/ies) to received	rsons mentioned	below who is/ are m	ember(s) of the control is	
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.				
		irst choice)		
Name of Nominee/	Relationship	Specification of Share		
Nominees		opecation of Share	Contact Number	
1:1000000000000000000000000000000000000				
Liala Bibi	wife	50%	0346-9115860	
savib than	son	So %		
		30 /.	0346-9115860	
	In case of door			
(In case of death of first choice) – 2 nd Option Name of Nominee/				
Nominees	Relationship	Specification of Share	Contact Number	
UZma Cham	Daughtes	100%	21.1	
	9	(00 /.	0346-9115860.	
I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon me.				
me.	e noted member (s) of my family mentioned a	are wholly dependent upon	
The earlier nomination made I			, I music apoli	
The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect				
DATED:		SIGNATION		
		SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE		
05-09-2024		Kutho 31, -p		
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	H PRODUCTION		¥**	