

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

Form of No	minotion (ř	
Form of Nomination for Death Insurance for CTC Employees I Jan-Hussain s/d/w/o Naima Khan bearing CNIC # 21203-1389130-3				
SOME MUSSEUM	s/	d/w/o Naimer 1	here	
CNIC # 21203-13891	30-3	0.0	bearing bearing	
CNIC # 21203-1389130-3 working as AiC 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.				
district amount (sum assured) in the event of my death.				
(First choice)				
Name of Nominee/	Relationship	C (C)		
Nominees		Specification of Share	Contact Number	
10 10 10				
Khalil-4-Rahman	504	100%		
D const to			0321-9655293	
Ramid Knay	Boother	100%	0333-4645 833	
			0333 9645 833	
, (In case of death of	first choice) On a O		
(In case of death of first choice) – 2 nd Option Name of Nominee/ Relationship + Court				
Nominees	Relationship	Specification of Share	Contact Number	
			· · · · · · · · · · · · · · · · · · ·	
Naima Khan	20 thes			
12000	DOTIVES	100%	334-9129045	
I hereby could the			The second secon	
I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon				
The earlier nomination made l	W me (if and)			
The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect				
•			1	
			1	
DATED:		SIGNATURE OR THUMB IMPRESSION OF		
1-1-21		THE EMPLOYEE		
1510912024		10	a l	
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