

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

Form of	Nomination for T		
I Sher Rehma  CNIC # 21203-56  nominate the person/		eath Insurance for CTC	Employees
- Sites Nehma	<i>n</i> s,	10/4/0 Sait ur Reh	mein
CNIC # 2/203-56	28991-7	Working as OS	bearing
nominate the person/	persons mentioned	below who is/ are m	hereby ember(s) of my family as
belleficiary (les) to receive	the death insurance	below who is/ are m amount (sum assured) in	the event of my family as
		irst choice)	and event of my death.
Name of Nominee/	11 1 271	inst citotee)	
Nominees	Relationship	Specification of Share	Contact Number
Rabeed Ullah	Brother	100% Percent	0316 180 1331
	Comments of the Comments of th	Completel	4
	(In case of death o	f first choice) - 2 <sup>nd</sup> Option	
Name of Nominee/	Relationship		
Nominees		Specification of Share	Contact Number
Masood Khan	Brother	200/ percent/	03333862727
	124		
I hereby certified that the ab	ove noted member(	of my fam 1	
me.		of my rainily mentioned a	are wholly dependent upon
The earlier nomination mad	e by ma (if		
·	c by the (if any) may	y kindly be treated as cance	elled and of no effect
• •	7.564	10 9	.:
7.		CTO T	# S
DATED:		SIGNATURE OR TH	UMB IMPRESSION OF
15/09/2024		THE EV	MPLOYEE
		73	