

[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 Khan Ayaz s/d/w/o Khan Shah bearing CNIC # 21203 - 9038854-3			
CNIC # 21203 - 9135	5/	a/w/o_ Nhan	Shah bearing
nominate the person/ persons working as // lea supervisor harden			
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.			
the event of my death.			
Name of Name (First choice)			
Name of Nominee/	Relationship	Specification of Share	Contact Number
	Division and the second		Contact Number
Muhammad Ayaz	Brother		
C) 1 1	Svolher	90 %	0336-9490618
Shah Nawar	Brother	100/0	
	100	1000	03338744791
(In case of death of first al.			
(In case of death of first choice) – 2 nd Option Name of Nominee/			
Nominees	Relationship	Specification of Share	Contact Number
Muhammad Ayaz	D. A	1	
The state of the s	Droller	0000	0336-9490.618
I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon			
The earlier positive			
The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect			
. ,		in car	teried and of no effect
•			
DATED:		SIGNATURE OR TH	HUMB IMPRESSION OF
16/9/2024 THE EMPLOYEE			
20/9			