

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

,		# 1	•	
Form of Nomination for Death Ingress				
Form of Nomination for Death Insurance for CTC Employees I KHIAL ZADA				
I KHIAL ZADA s/d/w/o Humayoun Khan bearing CNIC # 21203-2845 970-3 working as A/S hereby				
nominate the person/ persons mentioned below who 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.				
and the event of my death.				
	(I	First choice)		
Name of Nominee/	Relationship	Specification		
Nominees		Specification of Share	Contact Number	
Humayoun Khan-	Father	0		
Nagreebullah	I II III III	So %	03038426192	
Nageebulleh	Sen son	50%		
		30/8	03025175734	
(In case of death of first choice) - 2nd Option				
Name of Nominee/ Nominees	Relationship	Specification of Share		
- Condition of the cond		I Silare	Contact Number	
Muhamad Tahir	Brother			
		50 %	3359025360	
I hereby certified that the				
I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon				
The state who by dependent upon				
The earlier nomination made by me (if any) may kindly be				
The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect				
¥	Search and the search			
DATED:		SICNIATITION		
		SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE		
13/9/2024		I THE EM	PLOYEE	