

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

Form of N	Omination C		
7 ()	ommation for L	eath Insurance for CT	C Employees
Dalman Khan sld/wld 7 Lit VI			
CNIC # 212.02 6616	4217	A TOTAL BANK	bearing
CNIC # 212.02.66164313 working as C.H. 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.			
		amount (sum assured) ir	n the event of my death.
	(F	irst choice)	
Name of Nominee/	Relationship	Specification of Share	Control
Nominees	4	T Saled Holl of Silate	Contact Number
	8		
Amreen bibi	Wife	100 %	17770110177771
		100 /	03319407376
		4 4 4	
(In case of death of first choice) – 2 nd Option			
Name of Nominee/			
Nominees .	Relationship	Specification of Share	Contact Number
		d	
71110	# #	1	
Zabit Khain	Falher	100 %	03319407376
	h .	1	
I hereby certified that the above me.	ve noted member(s) of my family mentioned	d aro rich aller de la de
me.		of any family intentioned	are wholly dependent upon
The earlier nomination made	har ma (if ann)	1. 11 1	
The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect			
*			
		SIGNIATIDE OF T	IIII) (D I) (DDDCCIO) - 07
DATED:	SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE		
2,19/024	A) .	(C 110	
	4	Dally	