

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

## Form of Nomination for Death Insurance for CTC Employees

Total Modulated for CTC Employees					
I Momeen Whan		s/d/w/o_Muha	mmael	Aslam	bearing
CNIC # 21201-589	working as	CHI		hereby	
nominate the person/ pe	ed below who is/	are me	mher(s) of m	nereby	
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 of the death of the death.					
(First choice)					
Name of Nominee/	Relationship	Specification of	Share	Contact N	limber
Nominees			1		
0			- Control of the Cont		
Muhammad Aslam	talker	50 %	and the second	0302573	8040
Hanran Khan	17 -	5.1	A control of the cont		
Mamyan Chan	15 Yothex	50 %		0306806	13455
(In case of death of first choice) - 2nd Option					
NI- (NI : /					
Name of Nominee/	Relationship	Specification of SI	nare	Contact Nu	mber
Nominees	Oliman				
Λ					
Muhammad Aslam	- alher	168 0/0		2 - 2 - 700	- 1
U		1 0 10	U	3025738	340
I hereby certified that the above noted member(s) of my family mentioned are wholly dependent					
upon me.			,	,	The second
The condition magnification and I I will be a second to the second to th					
The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect					
T A TELL				THUMB IMPRESSION OF	
DATED:	THE EMPLOYEE				
1-10-024				Can all	em
The state of the s				111	