

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

	[with the Internation form—]une 2024]		
Form of N	Omination		
Form of Nomination for Death Insurance for CTC Employees I Muhammad 7/40S s/d/w/o Jhsan wlah bearing			
	(n)		. // /
nominate the person/ pe	rsons mentioned	below who is/	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.			
			ar the event of my death.
Name of Nominee/	14 (201)	irst choice)	
Nominees	Relationship	Specification of Shar	e Contact Number
The state of the s	1000		- January Indianoel
Contract Pain		4 1	
Monika BiB)	wije	30 %	42 4 000
sami ullah	Rooter	M. H	0308 - 8530587
		30%	0307 - 2048011
	In case of door		•
(In case of death of first choice) – 2 nd Option Name of Nominee/			
Nominees	Relationship	Specification of Share	Contact Number
			Contact Number
3.1			
Throng ullas	1-a/her	40%	
	17.		0302 - 8330587
I hereby certified that the abov me.	e noted member(s	of my famile	
me.		of my family mentione	d are wholly dependent upon
The earlier nomination made l	ov me (if any)	1.	
The earlier nomination made l	may	kindly be treated as car	ncelled and of no effect
	A Property of the Control of the Con		.\
DATED:		SICNIATION	
DATED:	SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE		
9. 9. 24		64 405	7