

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

## Form of Nomination for Death Insurance for CTC Employees

IMUHAMMAD	YASEEN S	Alshin CHAMED	10 SHAH bearing
CIVIC # 21201-03 1003	1 + - 7	1 •	
color # 2/201-5370087 working as			
beneficiary(ies) to receive the	e death insurance	amount (sum assured) :	member(s) of my family as
		Lassured) L	if the event of my death.
	(F	irst choice)	
Name of Nominee/	Polotion 1:		
Nominees	Relationship	Specification of Share	e Contact Number
SHAHI BADSHAH	EATHED	100%	
	PHILICK	10070	03039265269
July year J. F.	LAP		17. 18866
	In case of death o	of first shairs) Ord O	
(In case of death of first choice) – 2 <sup>nd</sup> Option			
Name of Nominee/	Relationship	Specification of Share	Contact Number
Nominees	1 :	1	Contact Number
KHALIDA BIBI	WIFE	100%	03227568068
			0327300-00
I hereby certified that the above noted manufactor is			
I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon me.			
,	(* -		
The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect			
•	i.		
		SIGNATURE OR	THUMB IMPRESSION OF
DATED:	THE EMPLOYEE		
29/08/2024	MZO		
	4 , #	,	