

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

Form of NI	
Form of Nomination for I	Death Insurance for CTC Employees
1 Tolunamnag ASIM	131 1 /111
nominate the person/ persons mentioned	working as hereby below who is/ are member(s) of my family as amount (sum assured) in the
beneficiary(ies) to receive the death insurance	e amount (sum assured) in the event of my death.
(1	First choice)
Name of Nominee/ Relationship Nominees	Specification of Share Contact Number
Tvonimiees	Contact Number
Atta ullah Feither	100% 102 - 20
Abubakkas brother	100% 0300-8904589 100% 0206-2572971
	100 % 0306-7573971
(In case of death of first choice) – 2nd Option	
Name of Nominee/ Relationship	Constitution of the consti
Nominees	Specification of Share Contact Number
Mahammad Asim toc/	600%
I hereby certified that the above noted member	(s) of my family mentioned are wholly dependent upon
The earlier nomination made by me (if any) m	ay kindly be treated as cancelled and of no effect
1,82	so treated as cancelled and of no effect
DATED:	SIGNATURE OR THUMB IMPRESSION OF
DATED: 04 09 2024	SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE
DATED: 04/09/2024	SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE
DATED: 04 09 2024	SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE