

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

Form of	Nomination for D	eath Insurance for CT	C Freployees
I_ komal A	khtax	ALLA ALLA	6 Ali bearing
CAUC # 172 L	S	a/w/o_Alchta	6 Ali bearing
CNIC # 11501-1281	293-2	Yazorlin	
honoficiantic the person/	persons mentioned	below who is/ are	member(s) of my family a
beneficiary(ies) to receive	the death insurance	e amount (sum assured) is	n the event of my death
	and the second second	First choice)	,
Name of Namina	1. 1.		
Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
Akhtar Ali	Clica		
TIPHIQE HO	Father	70%	03315377634
Zaid Alchtas	Boother	30%.	03315371634
			2317211074
	(In case of death o	of first choice) – 2 nd Optio	
*	45 72	2 mst choice) = 2 m Optio	n
Name of Nominee/	Relationship	Specification of Share	Contact Number
Nominees			
	* 3		
Akhtas Ali	Father	100%	1221/222/21
	1 .	(00/-	03315377634
I hereby certified that the	boys noted manufacture	(-) - (· · · · · · · · · · · · · · · · · ·	en de la companya de
me.	bove noted member	(s) of my family mentione	d are wholly dependent upon
The earlier nomination ma	ade by me (if any) ma	ay kindly be treated as ca	ncelled and of no effect
DATED:	SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE		
4-9-24	1	(K	, ic