

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

Form of Nomination for Death Insurance for CTC Employees			
I Rahmed Ullah	s/	d/w/o Haider	11 hours
I Rahmet Ullah s/d/w/o Haider Khan bearing  CNIC # 1203-1532996-3 working as CHW 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.			
another (sum assured) in the event of my death.			
(First choice)			
Name of Nominee/	Relationship	Specification of Share	Contact Number
Nominees			Sometiveniber
Ziva Jein	Brdhev	100%	03339190608
(In case of death of first choice) – 2 <sup>nd</sup> Option			
Name of Nominee/	Relationship	Specification of Share	Contact Number
Nominees			Contact I validel
Sabeel Khen	Brother	100%	033240244
	li h		
I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon me.			
The earlier nomination made	I (:C )		
The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect			
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DATED: SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE			
02/09/024			
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