

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

Form of Nomination for Death Insurance for CTC Employees

CNIC # 21201-2255 2141 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. (First choice) Name of Nominee/ Relationship Specification of Share Contact Number	I Zia W Haa s/d/w/o M-USMAN bearing				
beneficiary(ies) to receive the death insurance amount (sum assured) in the event of my death. (First choice) Name of Nominee/ Nominees Relationship Specification of Share Contact Number 17 how How Sow 100 1/2 (In case of death of first choice) - 2nd Option Name of Nominee/ Nominees Relationship Specification of Share Contact Number Nominees Contact Number M-AMNIK Krow ANGER Sow 100 1/2 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 SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE	CNIC # 21201-2255	2141	working as	HW hereby	
Name of Nominees Relationship Specification of Share Contact Number 12 how 1/2 030-705-34910 (In case of death of first choice) - 2nd Option Name of Nominees Relationship Specification of Share Contact Number Nominees M-AMIK Khow ASCA: Sow 1/2 030-705-34910 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 SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE	nominate the person/ pe beneficiary(ies) to receive th	rsons mentioned e death insurance	below who is/ are amount (sum assured) i	member(s) of my family as	
Name of Nominees IZhard with the Government Specification of Share Contact Number IZhard with the Government Contact Number IZhard with the Government Contact Number In case of death of first choice) - 2nd Option Name of Nominee) ()			it the event of my death.	
(In case of death of first choice) – 2nd Option Name of Nominee/ Nominees Relationship Specification of Share Contact Number M-AMIX Khow ARGA SON /00 '/ O30705 24910 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 SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE	(First choice)				
(In case of death of first choice) – 2nd Option Name of Nominee/ Nominees M-AMIX Kraw ASCA: Sow / 20 / 03070524910 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 SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE		Relationship	Specification of Share	Contact Number	
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