

[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 GulRukh CNIC# 17301		Seath Hisurance for C	TC Employees
nominate the person/ pe	rsons mentioned	working as	C.H.W 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.			
			in the event of my death.
Name of Nominee/ Relationship C			
Nominees	Relationship	Specification of Share Contact Number	
Barkat Khan	T'm	-	63130935426
	lather	50%	
Fawad Ahmad	Borther	50%	212 2 5
	To the second		03130935426
(In case of death of first choice) – 2nd Option			
Name of Nominee/	Relationship		
Nominees		Specification of Share	Contact Number
10 01 011	9 1.0		
W. Shafahd	Bother	100%	221200000
			03189098220
I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon me.			
me.		of my family mentioned	d are wholly dependent upon
The earlier nomination made b	y me (if any) may	kindly be to the	
		and the treated as car	ncelled and of no effect
	Mary Control of the C		
DATED:	SIGNATURE OR THUMB IMPRESSION OF		
THE EMPLOYEE			
	1. 6. 6. 1	20.	
Harian Hall			