

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

Form of	Nomination for I	Death Insurance for CTC		
I Fax.		Cath Hisurance for CTO	Employees	
- wond/	S	1d/w/0 M 706		
CNIC #_ 17301	10580 2	- Lulio	bearing thereby	
nominate the person/	2031 2-0	working as	CHW .	
beneficiary(jes) to receive	persons mentioned	below who is/ are m	ember(s) of my family a	
(200) to receive	the death insurance	d below who is/ are me amount (sum assured) in	the event of many is	
	(7	75	are event of my death.	
No. O.	(1	First choice)		
Name of Nominee/	Relationship	Specification of Share		
Nominees			Contact Number	
M. Zahood	husBan	100%0	6015	
		10070	03151965066	
	THE SECOND			
	(In cose of 1			
	(Hi case of death o	f first choice) - 2 nd Option		
Name of Nominee/	Relationship	Specification of Share		
Nominees	l l	opecification of Share	Contact Number	
	1 141			
horal				
hereby certified that the abo	ove noted member(s) of my family mentioned a	ro rub all. I	
ne.		, and the state of	re wholly dependent upon	
he earlier nomination made	1			
he earlier nomination made	by me (if any) may	kindly be treated as cance	lled and of no effect	
			210 01100	
DATED:		SIGNATURE OR THUMB IMPRESSION OF		
JAIED:		THE FM	PLOYEE	
2-9-2024		C D14)	LOTEE	
4 600		- l-ax	193	