

## [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 Saima BiBI \$/d/w/o Abdus Rashid bearing			
CNIC # 17201-28010 2 1 bearing			
CNIC # 17301-3884909-6 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 count of			
beneficiary(ies) to receive the death insurance amount (sum assured) in the event of my death.			
(First choice)			
Name of Nominee/	The state of the s		
Nominees		Specification of Share	Contact Number
Ahsan Nigash Basmeena	Sected Sected	50 %	0332-9003588
Basmeena	Sister	50 %	0332-9003588
(In case of death of first choice) – 2 <sup>nd</sup> Option			
Name of Nominee/	Relationship	Specification of Share	
Nominees		T - Strate	Contact Number
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Iftichas Ahmad	Belled	100	
	propried .	100%	332-9003588
I hereby certified that the above noted member(s) of			
I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon me.			
The earlier nomination made by mo (if			
The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect			
DATED:	SIGNATURE OR THUMB IMPRESSION OF		
DATED:	THE EMPLOYEE		
29-024			0.4
Jon Me			
	1424		