ChiP TRAINING & CONSULTING

[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 Abida Noreen s/d/w/o Sadud din سعد الدين bearing CNIC # 1730172294594 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/ Nominees	Relationship	Specification of Share	Contact Number
Humza	Nephew	100 %	03109507030

(In case of death of first choice) – 2nd Option

Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
Nadia Ambreen	Sister	100 %	03119012947

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

DATED:
3. 9. 2024

SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE
Abida Noureen