

[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 Alkhammad wagar s/d/w/o Mukhtiat Gw bearing CNIC # 21301 - 8154493 - 33 working as (CHW) cammunity treath worker hereby beneficiary(ics) to receive the description of the second persons mentioned below who is/ are member(s) of my family			
s/d/w/o_ Mukhtiat (1)			
CNIC # 21701 - 8154492 - 22 bearing			
nominate the person / person / working as (CHW) Community Health worker			
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			
beneficiary(ies) to receive the death insurance amount (sum assured) in the event of my death.			
(First choice)			
Name of Nominee/	Relationship	Specifical: 60	
Nominees	I	Specification of Shar	e Contact Number
			ā
Sadat Khan	Brother	4.00/	222
50(0,000 0 10.1/403)	00011101	100%	0333-
			9178143
		4 (
(In case of death of first choice) – 2nd Option			
Name of Nominas /			
Nominees	Relationship	Specification of Share	Contact Number
ronniees			
Amjid	Brother	100%	0340-

I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon

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

0515621

DATED: