

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

Torm of Nomination for Death Insurance for CTC Employees			
I Saidan Shah s/d/w/o Niaz Badshah bearing CNIC # 2/20/- 3380274-9 working as CHW hereby hereby			
s/d/w/o Niaz Badshah bearing			
CNIC # 2/20/- 3380274-9 working as CHW			
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 (1)			
beneficiary(ies) to receive the death insurance amount (sum assured) in the event of my death.			
(First choice)			
Name of Nominee/	Relationship	Specification of Share	
Nominees	1	opechication of Share	Contact Number
11 7.	0		
M. Junaid	Son	100 %	0333-9194388
	4		
(In case of death of first choice) -2^{nd} Option			
Name of Nominee/	7		
Nominees	Relationship	Specification of Share	Contact Number
1			
M. Zeshan	San	1 01	333 6 4 6 6
	3072	100 %	0333-4194388
I hereby confided that I had			
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			
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*			
		SIGNATIBEODT	LII IN (D IN (DDECOVO) - 0~
DATED:	SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE		
1/10/21			
-1/10/24 Ship			when
	1	U	