

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

Form of Nomination for Death	Insurance for CTC Employees
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Form of Nomination for Death Insurance for CTC Employees				
I Sajid Ullah s/d/w/o Habib Grul bearing				
CNIC # 2/20/-2075634-/ working as CHW bearing nominate the person/ persons mentioned below who is/ are well to the person hereby				
nominate the person/ per	rsons mentioned	_ 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/	Relationship	Specification of Share	Control	
Nominees		T	Contact Number	
About - Razig	Brother	100 da	0333-9083765	
		7	2233 7.03 765	
(In case of death of first choice) – 2^{nd} Option				
Name of Nominee/	Relationship	Specification of Share	Contact Number	
Nominees		1 Share	Contact Number	
Abdul-Hadi	Brother	100 of	0315-9086887	
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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DATED:		SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE		
1/10/024				
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