

[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 II-ISAN ULLAN CIDITAL CITA Emproyees			
I II-ISAN ULLAN s/d/w/o Chulcu Muhamubearing CNIC # 2/20/289879873 working as CHW hereby nominate the person/ persons mentioned below who is/ are merely (i) for the control of the cont			
nominate the person/ per	rsons mentioned	bolovi - I	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.			
distance amount (sum assured) in the event of my death.			
	(F	irst choice)	
Name of Nominee/	Relationship	Specification of Share	C. I. IN
Nominees		- F Constant of Sitale	Contact Number
	11 1		
Madayot	Prettree	100%	2152025124
U			03159225198
, (In case of death o	f first choice) – 2 nd Optio	n
Name of Nominee/			
Nominees	Relationship	Specification of Share	Contact Number
100			
Said Rahman	13 rother	100%	0308 9449022
I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon me.			
me.	o noted member (s	of thy family mentione	d are wholly dependent upon
The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect			
		SIGNIATIDE OPT	TIII ME IN ADDRESS
DATED:] k.	THE	THUMB IMPRESSION OF EMPLOYEE (1)
	4	11111	DIVIT LOTEIN III
1/10/024	.25		4