

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

Form of Nomination for Dooth I			
Form of Nomination for Death Insurance for CTC Employees I Sadeegula s/d/w/o 2ewax 1chan bearing CNIC # 2/201-2582885-3 working as			
CNIC # 2/20/-2582835-3 working as CHW hereby			
nominate the person / person /			
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			
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
			- Januar Ivaniber
\circ			
Kohullah	Brother		
O_1	1.	56%	3318989815
ghazala	Wife	56%	222 6 204
56% 03365769966			
(In case of death of first choice) – 2 nd Option			
Name of Nominee/	Relationship	Specification of Share	
Nominees	-	opecification of Snare	Contact Number
D			
Roh ullah	Lo other	100%	3318989815
		7007	3118787815
I hereby certified that the above noted and I was a			
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			
y and as cancelled and of no effect			
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	<u> </u>	SIGNIATI IDE OD TU T	D 00 00 00
DATED:		THE EM	JMB. IMPRESSION OF PLOYEE
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