



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

Form of Nomination for Death Insurance for CTC Employees			
Show that a find sld/surla Al. 1			
CNIC # 1101-9854 700-5 working as CHW hereby			
nominate the person/ persons 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			
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	C
Nominees		1 State of State	Contact Number
	1. 1.		
Abid afridi	Falker	0.2/	2 000 0
0		30/0	0.5025 970051
Kanja bibi	Mather	50%	530h (27107)
			0.00) 4300.50
(In case of death of court a			
(In case of death of first choice) – 2 nd Option			
Name of Nominee/	Relationship	Specification of Share	C
Nominees		- P desirention of Share	Contact Number
Abid ofridi	Postho ~	100 2/	22 199 6
		100%	302 5990059
Thorselve ('C' 1 J			
I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon me.			
	(E) 8		
The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect			
s cancelled and of no effect			
	¥ .	OTO) I I T	
DATED: SIGNATURE OR THUMB IMPRESSION OF			
THE EMPLOYEE			
-1/10/2014 A 100			
/ /	: · · ·		AN