

[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 kashif khan s/d/w/o sull shah bearing CNIC # 21202 45 43.77 working as Health Worker (c.) 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/ Nominees Relationship Specification of Share Contact Number Cauli Shah fathex 25 to 03065 942678 (In case of death of first choice) - 2nd Option Name of Nominee/ Nominees Relationship Specification of Share Contact Number Specification of Share Contact Number |
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| CNIC # 21202 45985 43.7 working as Health Worker (c.) 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/ Nominees Relationship Specification of Share Contact Number Jalwayo Mother 751. 0302422593 Gauli Shah Jaher 2540 03065942678 (In case of death of first choice) - 2nd Option Name of Nominee/ Relationship Specification of Share |
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| Jalwayo mother 751. 03024228593 Guli Shah Fathex 2540 03065942678 (In case of death of first choice) - 2nd Option Name of Nominee/ Relationship Specification (CV) |
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| I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon |
| me. The family mentioned are wholly dependent upon |
| The earlier nomination and the |
| 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 THILLAR TARRESTORS |
| THE RESSION OF |
| 19/9/2014 THE EMPLOYEE |
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