

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

H Pro-	[Another Information form—June 2024]
Form of Nomina	tion for Death Insurance for CTC Employees
	tion for Death Insurance for CTC Employee
I Yar Amin	s/d/w/oSha_Nawa2bearing
1 (4)	s/d/w/o_Sha N/11/200
CNIC # 2/202-11/59 0501	working as CHW hereby
nominate the person/	working as CHW
beneficiary(ion) to meet persons	mentioned below who is/ are member(s) of my family as insurance amount (sum assured) in the event of my death.
death	insurance amount (sum assessed in intermoter(s) of my family as
	(sunt assured) in the event of my death.
	(First choice)
Name of Nominee/ Rela	(Thot choice)
Nominee/ Rela	ationship Specification of Share
Nominees	Specification of Share Contact Number
17 17 17 17 17 17 17 17 17 17 17 17 17 1	
Lalia Amin Wi	60
3. m	fe 100% 03479814261
	100% 03479814266
- P 1/2	
(In case	of death of first choice) – 2 nd Option
Name of Nominee/	Option
rance of Mommee/	
Nominees	tionship Specification of Share Contact Number
1 1 2	
La Lia amin	• ,
La Ga amin W	te 10% 03479814746
	1 030199811/26/2
I hereby certified it	
me	member(s) of my family mentioned are wholly dependent upon
me.	mentioned are wholly dependent upon
Thousant	y Potacite apost
The earlier nomination made by me (fany) maril 1
	f any) may kindly be treated as cancelled and of no effect
D A BBB	
DATED:	SIGNATURE OR THUMB IMPRESSION OF
	THE EMPI OVER
191912024	THE EMPLOYEE
191912020	THE EMPLOYEE