

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

Form of NI	
Form of Nomination for Death Insurance for CTC Employees	
I Said Amin	of Clemployees
I Said Amin sold/w/o Walayat Shah Nasiha bearing	
CNIC # 2/202-5587 \$85-7 working as CHW hereby	
nominate the person/ persons mentioned by	17W 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.	
amount (sum assu	ared) in the event of my death
(First choice)	acaul.
Name of Non:	
Nominees Relationship Specification o	f Chour
Tronimitees .	Share Contact Number
Mahammad Coord Brother Tool	
500/8	02050100
Masiha bibi Nother Consu	03059697500
Masing bibi Nother 50 0/8	0242 920-2-1
	03429292306
(In case of death of first choice) - 2nd	Option
Ivaille of Nominee/	
Nominees Kelationship Specification of S	hare Contact Number
Maril 1.1.	
Masiha bibi rother 100%	0.0
19511 100%	03059697560
I have I	101/200
I hereby certified that the above noted member(s) of my family mer	
me. me.	itioned are wholly dependent upon
The earlier -	
The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect	
y	as cancelled and of no effect
	A
DATED: SIGNATURE	OR THUMB IMPRESSION OF
19/0/0.01	THE EMPLOYEE
111112024	. 1.7