ChiP TRAINING & CONSULTING

*[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 رفیع s/d/w/o عارف گل bearing CNIC # 17301-8626129-8 working as C.H.W 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 |
|---|---|---|---|
| عارف گل | سسر | 100% | - |
| ~~فیاض الرحمٰن~~ | ~~بھائی~~ | ~~100%~~ | ~~03119657150~~ |

(In case of death of first choice) – 2nd Option

| Name of Nominee/ Nominees | Relationship | Specification of Share | Contact Number |
|---|---|---|---|
| فیاض الرحمٰن | بھائی | 100% | 03119657150 |

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

DATED:
13/8/24

SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE