

CHW Haleema



[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 Haleema bibi s/d/w/o Shahid Gul bearing  
CNIC # 1730105339310 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 event of my death.

(First choice)

Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
Shahid Gul	father	50 %	03154829062
Rasheeda bibi	Mother	50 %	03154829062

(In case of death of first choice) - 2<sup>nd</sup> Option

Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
Shahid Gul	father	100 %	0315 4829062

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:

4-9-2024

SIGNATURE OR THUMB IMPRESSION OF  
THE EMPLOYEE

Haleema