

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

Form of Nomination for Death Ir

of Nomination for Death Insurance for CTC Employees			
I Suliman Shuh		d/w/o Bostan	
CNIC # 3/20/- 303-21	. 4		bearing bearing
CNIC # 21201-3828447-3 working as CHW MDH-Area 3 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			
beneficiary(ies) to receive the death insurance amount (sum assured) in the event of my death.			
(First choice)			
Name of Nominee/	Relationship	Specification (C)	
Nominees		Specification of Shar	e Contact Number
	:	ro	
Mafia Bostan	wife	100/.	43.45004464
5 4	V	50	03005884494
Boslan	Father	too /.	0304 00447155
			10 304 00447155
(In case of death of first choice) – 2 nd Option			
Name of Nominee/	Relationship	Specification of Cl	
Nominees	- Total Cribing	Specification of Share	Contact Number
		×	
Abdul Ghafar	Brother	100%	2227 011.505
1:1	- Steller	1007,	03339147372
I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon me.			
me.			dependent upon
The earlier nomination made by made is			
The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect			
DATED: SIGNATURE OR THUMB IMPRESSION OF			
DATED: THE EMPLOYEE			
06/09/2024 dish			
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