

06/09/024

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

Τ			
Form of Nomination for Death Insurance for CTC Employees			
I <u>Jhsanullah</u> 6/d/w/o <u>Yarmat Sheh</u> bearing CNIC # 21201-10598 19. Working as College			
CNIC # 21201-1059819 working as CHW hereby beneficiary(ice) to reach the person mentioned below who is/ are member(s) of the control of the c			
nominate the name of working as CH			
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 count of			
beneficiary(ies) to receive the death insurance amount (sum assured) in the event of my death.			
(First choice)			
Name of Nominee/	Relationship	Chariti II	6
Nominees		Specification of Shar	e Contact Number
Malle		TO	
Hay Sum	wife.	100	277845
0.01	1	(1)	03339390 525
Rayman sheh	Brother	1000000	0333 9392 164
100 100 100 109 109			
(In case of death as contract			
(In case of death of first choice) – 2 nd Option			
Name of Nominee/	Relationship	Specification of Share	
Nominees		opecinication of Share	Contact Number
	**		
1.0			
Shafa.	douther	100. do	0277020
		100.00	03339390525
Thereby certified that the all			
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			
and of no effect			
		CICVI VILLIDA CO	
DATED:		SIGNATURE OR T	HUMB IMPRESSION OF

THE EMPLOYEE