

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

Form of Nomination for Devil			
Form of Nomination for Death Insurance for CTC Employees I Abdul Sattar s/d/w/o Yousaf Khan bearing CNIC # 21201- 55 74012 1			
CNIC # 2/20/- 5571	s	/d/w/o_Yousaf	Khan bearing
nominate the person / person working as CHW MDR-3 harehar			
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.			
(and described) in the event of my death.			
News		First choice)	
Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
	11 11		
Rahat bibi Khyal bibi	wife	long of	
Khual L.L.	D.	50	0331 9101071
Myar DIDI	mother	100%	0332 9735443
(In case of death of first choice) – 2 nd Option			
Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
TVOILUITEES			Contact Number
Muhammad Saad	Son	50%	03319101071
hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon ie.			
he earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect			
DATED:		SIGNATURE OR T	HUMB IMPRESSION OF EMPLOYEE
06/09/2024			
7 - 03	4 .	a Salar	