

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

75	7			
Form of Nomination for Death Insurance for CTC Employees				
I Shah s/d/w/o Beghi Shah bearing CNIC # 2/2d-2/27297-3 working as CHW hereby beneficiary(ies) to receive the death.				
s/d/w/o Baghi Shah hearing				
CNIC # 2/20/-2/27297-3 Working as				
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 context of the context of				
beneficiary(ies) to receive the death insurance amount (sum assured) in the event of my death.				
(First choice)				
Name of Nominee/	Relationship	Specification of Share		
Nominees		opechication of Share	Contact Number	
	H 4			
ARmanshah	0-11	1		
Shan	Diother	100 %	03001919961	
(In case of death of first choice) – 2^{nd} Option				
Name of Nominee/	Tal		· 1	
Nominees	Relationship	Specification of Share	Contact Number	
Italeem shah	13 rother	100 %	Name of the Control o	
)	3065904058	
Thomalies as (16) I at a second secon				
I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon me.				
iile.	£.		y 1 miles apost	
The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect				
(a day) may killed be dealed as cancelled and of no effect				
	0.00			
			9	
DATED:		SIGNATURE OR THUMB IMPRESSION OF		
11. 1-	THE EMPLOYEE			
19/3-34 Amala M			5 M	
	56 2			