

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

Form of Nomination for David x			
Form of Nomination for Death Insurance for CTC Employees			
I Adi - Haided s/d/w/o Seid wildow bearing  CNIC # 21201- 5817936-1 working as CHW hereby  hereficients are member(s) of the second persons mentioned below who is are member(s) of the second persons.			
nominate the many working as CHW			
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 arrest of			
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
Tvorimiees			Contact Number
Carland			4
Soid Whileh	Father	100 /2	03336638016
			3 3 7 7 0
(In case of death of first choice) $-2^{nd}$ Option			
Name of Nominee/			1
Nominees	Relationship	Specification of Share	Contact Number
		•	
Muhammad & Fichi	Com		
Thenew after	80701	100%.	0305-1094942
I hereby certified that the above metal in the control of the cont			
I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon me.			
The earlier nomination made	by ma (16 )		
The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect			
*			
) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	SIGNATURE OR THUMB IMPRESSION OF		
DATED:	THE EMPLOYEE		
06-09-2024	Auril		