

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

T			
Form of Nomination for Death Insurance for CTC Employees			
I_ Qui Co O Klassis			
I Gai Sal Khan s/d/w/o Shamal Khan bearing CNIC # 21201-624 8989			
CNIC # 21201-624 8989-1 working as CHW 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 in th			
beneficiary(ies) to receive the death insurance amount (sum assured) in the event of my death.			
(First choice)			
Name of Nominee/	Relationship	Specification of Shar	
Nominees		of defication of Star	e Contact Number
Am Tilla	:	1	
111 did Khan	BroTher	100%	03353574944
	4.		0323 33 19994
(In case of death of first choice) – 2 nd Option			
Name of Nominee/	Relationship	Specification of Share	
Nominees	· ·	opecification of Share	Contact Number
			10 A
LIC Maria 12	Davall	1 0/	
US May-Khan	15 solher	100/00	0708070001

I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon

The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect

SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE

03089305960

DATED:

06-09-2024