

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

Form of Nomination for Death Insurance for CTC Employees			
I Khyal Noos	S,	Id/w/o Said &	Daipioyees
I Khyal Noos s/d/w/o Said Kama bearing CNIC # 17301-0/22695-3 working as CHW hereby			
nominate the person / working as CHW havelength			
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 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
Sara Khan	Wife	1:	
30(10) 1001	VUIGE	100%.	03329535307
			(3), 3-1
	n na	* 1	
(In case of death of first choice) -2^{nd} Option			
Name of Nominee/	Relationship	Specification of Share	Contact Number
Nominees			Contact Ivaniber
		_ &	
Gill Nabi	Brother	100 %.	03334964107
I hereby certified that the above and discount of the control of t			
I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon me.			
	ŗ.		
The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect			
of the detailed as cancelled and of no effect			
		CICNIA TRI IDD OD TI	
DATED:	SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE		
7/9/2024	₹ 9	1 & 1	
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