

[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 Shah I di			
makeel Rhan	s/	d/w/o_Aleliamore	d Condian housing
I Shakeel khan s/d/w/o Alubammed Sadieg bearing CNIC # 2170547 working as CHW hereby nominate the person/ persons mentioned below who is/			
nominate the person 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 (see a member (s)).			
beneficiary(ies) to receive the death insurance amount (sum assured) in the event of my death.			
			and a second
	(F:	irst choice)	
Name of Nominee/	Relationship	Specification of Cl	
Nominees		Specification of Share	Contact Number
-			
	:		
Said si bi	Maller	114 0/	22./ 10 062
· ·	wother	160 %	0306 1920 853
Muday bibi	14116	100 %	1
10	THAT IC	100 /0	03339772 849
(In case of death of first choice) – 2 nd Option			
	· · · · · · · · · · · · · · · · · · ·		
Name of Nominee/	Relationship	Specification of Share	Contact Number
Nominees			
		П	
	2	4	
Mixay bi bi	wite	100 %	03339772842
7	VVII	100 / 0	0333 11 12092
	i P		
hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon			
me.	i E		
The earlier nomination and I. I.			
The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect			
		SIGNATURE OR 7	HUMB IMPRESSION OF
DATED:	}		EMPLOYEE
0/0/01	T.	1	
3/4/24		Sho V	rel "