

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

Form of Nomination for Death Insurance for CTC Employee	Form	of Nomination for Dea	th Insurance for	CTC Employee
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Torm of Nomination for Death Insurance for CTC Employees									
s/d/w/o Wazir									
CNIC # 21203-78 94 6361 working as C. H. W hereby									
nominate the person / porcors working as C. H. W 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 insurance amount (sum assured) in the event of my death.									
· · · · · · · · · · · · · · · · · · ·									
(First choice)									
Name of Nominee/									
Nominees	Relationship	Specification of Share	Contact Number						
		1							
1 1 111									
Jameela bibi Yasir	Wife	100%	2722 (721, 2-2,						
1100		100	03035734204						
9951F	Son	100%	03035734204						
V			03031 739 209						
(In case of death of first choice) – 2 nd Option									

Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
Jameela bibi	wife	100%	03035734204

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

DATED: