



[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 Sana ullah s/d/w/o
Muzaffar Khan bearing

CNIC # 9102-3039339-5 working as
Community Health Worker 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 event of my death.

(First choice)

Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
<u>Inam ullah</u>	<u>Brother</u>	<u>100 %</u>	<u>03339267178</u>

(In case of death of first choice) - 2nd Option

Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
<u>Hafeez ullah</u>	<u>Brother</u>	<u>100 %</u>	<u>03005985076</u>

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

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

DATED: <u>30/8/2024</u>	SIGNATURE OR THUMB IMPRESSION
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