

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

|                                   | June 2024]   |
|-----------------------------------|--|
|                                   |  |
| Form of N                         | Jonana   |
| I Rohmat Sha                      | Nomination for Death Insurance for CTC Employees  s/d/w/o <u>Jaighun Shah</u> bearing  working as C Hw   |
| CNIC # 21202- 4815                | s/d/w/o <u>Jaighun Shah</u> bearing  working as <u>CHW</u> hereby  mentioned below who is/ are member(a) to the second secon |
| nominate the person/ p            | working as CHW   |
| beneficiary(ies) to receive t     | ersons mentioned below who is/ are member(s) of my family as he death insurance amount (sum assured) in the event of my death.   |
| A Visit of receive F              | me death insurance amount (sum assured) in the event of  |
|                                   | and event of my death.   |
| No                                | (First choice)   |
| Name of Nominee/                  | Relationship Specification of Share  |
| Nominees                          | Relationship Specification of Share Contact Number   |
|                                   |  |
| Rexan Bibi                        |  |
| Megan 13161                       | Mother Eul   |
|                                   | 8315-9442593   |
|                                   |  |
|                                   |  |
|                                   |  |
|                                   | (In case of death of first choice) - 2nd Option  |
| Name of Nominee/                  |  |
| Nominees                          | Relationship Specification of Share Contact Number   |
|                                   | Opecification of Share   Contact Number  |
|                                   |  |
| Omais                             | P 1  |
|                                   | Son Ful 0315-9442592   |
|                                   |  |
| I hereby certified that the above | ve noted member(s) of my family mentioned are wholly dependent upon  |
| me.                               | relationed member(s) of my family mentioned are wholly done  |
| 777                               | mony dependent upon  |
| The earlier nomination made       | by me (if any) may kindly be treated as cancelled and of no effect   |
|                                   | many) may kindly be treated as cancelled and of no effect  |
|                                   | of the chieft  |
|                                   |  |
| DATED:                            | SIGNATURE OF THE OF  |
|                                   | SIGNATURE OR THUMB IMPRESSION OF   |
| 07-09-24                          | THE EMPLOYEE   |
| 1.                                | 2 oh SEM   |
| <u> </u>                          |  |
| <b>:</b><br>•                     |  |
| • ·<br>er                         |  |