

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

Form of N			
Form of Nomination for Death Insurance for CTC Employees  [Silab Shah]			
1_0 mas o man	1 1/2	d/w/a Manhani	01:1
CNIC# 21202-992886.9			
CNIC # 2/202-9928815.9 working as C.H.W hereby beneficiary(ies) to receive the death insurance amount (sum accuracy) in the			
beneficiary(ies) to receive the death insurance amount (sum assured) in the event of my death.			
	\$ 2	rst choice)	are everit of my death.
Name of Nominee/	Relationship	Specification of Share	
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	i or or or are	Contact Number
Muh. Shah	Brother	100 010	0300-5977283
W. 12/2 12011	<b>y</b>		300 311100
W. Musechishah	Brulues	100%	0300-150054
			57
(In case of death of first choice) – 2nd Option			
Name of Nominee/	Relationship		,
Nominees		Specification of Share	Contact Number
0.1.1			
Muh. Shah	Brother	100 °1, 0	300-5977283
			·
I hereby certified that the above	e noted mon-1	·	
I hereby certified that the abov me.	catoted member(s	) of my family mentioned a	are wholly dependent upon
The earlier nomination made		9 × 1	•
The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect			
<b>3</b>		CICALAGRA	
DATED:		SIGNATURE OR TH	UMB IMPRESSION OF APLOYEE
5/9/024			MILOIEE
	i glir lil - ' i	LAM V	Land HAW