

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

Form of N	lomination for D	eath Insurance for CTC	~ E I
Form of Nomination for Death Insurance for CTC Employees  I Bagh mis Khan s/d/w/o Nian Khan bearing  CNIC # 21302-4960434-3 working as C.H.W hereby  hereby  beneficiary(ios) to make the persons mentioned below who is/ are member(s) of my form			
CNIC " 3.0 Lo bearing			
CIVIC# 21702-4960 434-3 working as C. H. A.)			
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 series of my family as			
beneficiary(ies) to receive the death insurance amount (sum assured) in the event of my death.			
	(F	irst choice)	
Name of Nominee/	Relationship	Specification (C)	
Nominees		Specification of Share	Contact Number
Niaz Chan	1 64	:	
(as man	Father	100%	0200 000 000
			0300-0920325
		10	
v.	(In case of death o	f final al	
(In case of death of first choice) – 2nd Option			
Name of Nominee/ Nominees	Relationship	Specification of Share	Control
rvonintees			Contact Number
		,	
40			
n n	n	n	
T 7			2
I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon			
me.		of my fairlify mentioned	are wholly dependent upon
The earlier nomination		) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	_
The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect			
		, saute	ched and of no effect
DATED:	'ED. SIGNATURE OR THE AREA		
DATED: SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE			
6/9/2024			
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