

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

form of No	mination for Death Insurance for CTC Employe	
		ees
CNIC # 21203-232	s/d/w/o Sultan Muham working as CHW	more bearing
nominate the person/	working as CHW	
beneficiary(ies) to receive the	sons mentioned below who is/ are member(s) death insurance amount (sum assured) in the event	of my family
i, , and the	death insurance amount (sum assured) in the event of	of my death
	(First choice)	and action.
Name of Nominee/	D 1	
Nominees	Relationship Specification of Share Cor	ntact Number
Ayaz-hussain	2: 1	
1	Brother 80%. 0301	-2511693
Atter-ullah		-3311693
	Brother 50% (301)	5511693
		3011013
(I	case of death of first choice) - 2 <sup>nd</sup> Option	
wante of Nominee/	170 7	•
Nominees	Relationship Specification of Share Conta	ct Number
0		
Ayaz-hussain	Brother 100%	
	Drather 100% (301-5	511693
Thereby could the	100 as 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1	5,1093
me.	noted member(s) of my family mentioned are wholly o	p.
	metitioned are wholly of	dependent upon
The earlier nomination made by	(me (if any) man 1: 11	
	me (if any) may kindly be treated as cancelled and o	no effect
DATED:	CION	
DATED:	SIGNATURE OR THUMB IMPR	ESSION OF
10-09-024	THE EMPLOYEE	
1 - 0 1	4 Section 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	•
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