

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

TRAINING & CONSULTING [CTC-HRO	- PTPP - Recruitment & Selection - 7.8.5-c-061]
\mathbb{R}^{n}	Surance Nomination form- June 2024]
Form of Nomination for Day	
Form of Nomination for Death Insurance for CTC Employees I Muhammad Shall s/d/w/o Sadu Khan Dearing	
CNIC # 21203 - 6185534-7 nominate the person/ persons mentioned	bearing
nominate the person / no	working as _ CHW
beneficiary (ies) to receive the death	d below who is/ are member(s) of my (::
aranci	hereby as amount (sum assured) in the event of my death.
	First choice)
Name of Nominee/	The state of the s
Nominees Relationship	Specification of Share Contact Number
Shameema Mother	50 % 0304-9261134
Shah hassan Brother	50%
COLUMN TO THE PARTY OF THE PART	0304-9261134
(In case of death of first choice) – 2nd Option	
Name of Nominee/ Relationship	Specification
	Contact Number
Fawed VI 10	
Tawad Khan Brother	(00 % 0304-926/134
I hereby certified the same	·
me.	s) of my family mentioned
	s) of my family mentioned are wholly dependent upon
The earlier nomination made by me (if any) may	-1.: 17 -
The earlier nomination made by me (if any) may	kindly be treated as cancelled and of no effect
DATED:	SICNIATITITE
	SIGNATURE OR THUMB IMPRESSION OF
4/9/2029	THE EMPLOYEE