

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

	June 2024]
Form of Nomination for	Death Ingyrous
1 X 12 10 10	Death Insurance for CTC Employees 5/d/w/o
The state of the s	3/4/14/2
CNIC # 21263 CC (133)	bearing
CNIC # 21203 - 556 324 - 3 nominate the person/ persons mentione	Working as CHW
honeficial the person/ persons mentioned	d below rube in hereby
beneficiary (1es) to receive the death insurance	working as hereby delease who is/ are member(s) of my family as e amount (sum assured) in the event of my death.
	c amount (sum assured) in the event of my death
	First choice)
Name of Non:	
Nominees Relationship	Specification of G
Tyonintees	Specification of Share Contact Number
4	
Niazwali tottor	
Julker	100% 03009942120
Shazia Wife	100% 03008948178
Sharia	
	100% 0302-5993198
	31/0
(In case of death of	S. C
Namo of N	of first choice) - 2nd Option
Name of Nominee/ Relationship	
rommees	Specification of Share Contact Number
Asad Khan Cuzin	
Asad Chan Cuzin	100/1 .0301-2610.200
	100% 0301-2619,200
nereby certified that the above noted members	
me.	s) of my family mentioned are wholly dependent upon
T1	whonly dependent upon
The earlier nomination made by me (if any) may	
may may	y kindly be treated as cancelled and of no of
	and of no effect
DATED:	CICALA
- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	SIGNATURE OR THUMB IMPRESSION OF
13-09-2000	THE EMPLOYEE
7 000	
	Charma C
	Se fr