

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

TRAINING & CONSULTING	[CTC – HRO –	PTPP – Recruitment & Sel rance Nomination form– Ji	ection – 7.8.5-c-061] ine 2024]	
			:	
Form of N	omination for D	eath Insurance for C	TCEmployees	
I Zahid-Ullah		d11	Lampioyees	
CNIC # 2/202-1/20	5/	a/w/o_Haran-u/	lah	bearing
CNIC # 2/203-4300 nominate the person/ pe	7.507-/	working as	CHW	howales
ochericiary (les) to receive th	e death insurance	below who is/ are amount (sum assured) ast choice)	member(s) of r in the event of my	my family as death.
Name of Nominee/	Relationship	Specification of Sha	re Contact	Number
Fareela	Doughter	50%	02-2 09	098/7
Madika	Daughter	507.	0302-88	09867
Name of Name	Time	first choice) – 2 <sup>nd</sup> Opti		0 7867
Name of Nominee/ Nominees	Relationship	Specification of Share	Contact N	T7
			Contact	umber
Maryam BiBi	wife	100%	0302-8809	867
I hereby certified that the above	re noted 1		,	
I hereby certified that the abov me.	refloted member(s)	of my family mention	ed are wholly depe	endentunon
The earlier nomination made	hy ma (if -			aracite apon
The earlier nomination made	may	kindly be treated as ca	ancelled and of no	effect
•	The second secon			•
DATED:		SIGNATURE OR	ייבון וו נון דו מיים	3
09/09/2091		THE	THUMB IMPRESS EMPLOYEE	SION OF
1 / 100 4	7,77	3. Ullak		