

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

Form of Nomination for Death Insurance for CTC Employees	
I_ Sher Zamin	'd/w/o Muhamadi Gul bearing
S/	d/w/o Muhamadi Gul homin
CNIC# 21203-3080185-7	working as CHW hereby
nominate the person/ persons mentioned	helow who is
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 event of my death.	
	in the event of my death.
(F	irst choice)
Name of Nominee/ Relationship	C- 10
Nominees	Specification of Share Contact Number
Aan	
Sm	50% 03369192457
Roshana Caughton	03369192457
Koshana daughter	50%
	03369192457
(In case of death of first choice) – 2 <sup>nd</sup> Option	
Name of Nominee/	anst choice) - 2nd Option
Nominees Relationship	Specification of Share   Contact Number
1000	Contact Number
Wya of Shes Zamin wife	1-21
	100/ 63369192457
Thorebearing	
I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon	
	, or my family mentioned are wholly dependent upon
The earlier nomination made by me (if any) may	
if any) may	kindly be treated as cancelled and of no. (6)
	and of no effect
11	· 1
DATED:	SIGNATURE OR THUR OF IT COME
810/2016	SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE
1/9/2029	E 72
	James