ChiP TRAINING & CONSULTING

[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 جمیلہ شبنم s/d/w/o انیس الرحمان bearing CNIC # 17301-7702317-4 working as CHW hereby 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.

(First choice)

Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
محمد یاسین	بیٹا	50 %	0321 9123902
محمد حسنین	بیٹا	50 %	"

(In case of death of first choice) – 2nd Option

Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
انیس الرحمان	شوہر	100 %	0321 9123902

I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon me.

The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect

DATED:
20/8/24

SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE
Jamila