

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

Form			:
Form of Nomination for Death Insurance for CTC Employees			
I Imran &	han "	11-1-	o dadpioyees
I			
nominate the person/	70	working as CHW	
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.			
(sum assured) in the event of my death.			
	(Fi	rst choice)	, ,
Name of Nominee/ Nominees	Relationship	Specification of Share	
1 vonimitées		r stateation of Share	Contact Number
NI / Olis			
Abdullah Shah Sawas	Son	50%	0333-6315527
ShahSawas	Son	50%	0333.6315527
		/	0000 6013327
(In case of death of the			
(In case of death of first choice) - 2nd Option			
Name of Nominee/	ID 1 1	Specification of Share	
Nominees		opecinication of Share	Contact Number
Tazkisa	wite	FADU	45.55
11.69	100 pe	100%	5333 6315527
I hereby certification			·
me.	ove noted member(s)	of my family mentioned	are wholly dependent upon
		, many micritioned	are wholly dependent upon
The earlier nomination made	le hy mo (if		
The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect			
· · · · · · · · · · · · · · · · · · ·			of 110 cirect
		- 1	-:
DATED:		SIGNATURE OR THUMB IMPRESSION OF	
99	THE EMPLOYEE		
9.9.2024			