

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

TRAINING & CONSULTING	[CTC – HRO –	PTPP – Recruitment & Sel	ection = 7.8.5-c-0611
[Insurance Nomination form- June 2024]			
			:
Form of Nomination for Death Insurance for Company			
Form of Nomination for Death Insurance for CTC Employees I Hayat - Khan S/d/w/o Yahya Khan bearing			
	SI	10/10/10	
CNIC # 21203-086	3187-	1	bearing bearing
CNIC # 212 0 7-0863 / \$7 - 5 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			
beneficiary(ies) to receive the death insurance amount (sum assured) in the event of my death.			
	(F	irst choice)	of the of the death.
Name of Nominee/		ust choice)	
Nominees Nominee/	Relationship	Specification of Sha	
a committees		1 - Lead of Of Sha	re Contact Number
Inayat - Ali Bareera bibi	Brother	50%	0.7
Bareera bibi	daughter	50%	0320-9370776
		507.	0700-5770375
(In case of death of first choice) - 2nd Option			
Name of Nominee/	1 11 11 11 11 11 11 11	mst choice) - 2nd Option	on .
Nominees	Relationship	Specification of Share	
		i Silare	Contact Number
			1
Inayat - Ali	0 4		
112	Brother	108 /	0726 977:2-
			0320-9370776.
I hereby certified that the abo	Ve noted 1		ed are wholly dependent upon
me.	reflected member(s)	of my family mentione	d are wholly done
The			wholly dependent upon
The earlier nomination made	by me (if any) may	1.: 17	
The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect			
* 8			and the chief
			ļ?
DATED:		SIGNATUREOR	HIMPINAPA
9	SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE		
7-9-2029	1- 9- 2029		
		-H	unt