

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

	27.7		;	
Form of Nomination for Death Insurance				
Form of Nomination for Death Insurance for CTC Employees  I Fazal Antin s/d/w/o Khaner - dar bearing				
CNIC # 21203-6037333-3 working as CHW hereby				
nominate the person/ persons mentioned below 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.				
(First choice)				
Name of Nominee/	Relationship			
Nominees	- Cladionship	Specification of Share	Contact Number	
AJWa BiBi	0/0			
		50%	0301-8894857	
Rohail	5/0			
	1 70	50%	0301-8894857	
			01 00118-1	
(In case of death of first choice) - 2nd Option				
Nominees	Relationship	Specification of Share		
		State	Contact Number	
212	30 101			
Ruhul - Ansin	Brother	100 00		
		100 90	307.714.8726	
Thereby				
I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon				
		y or my raining mentioned a	ire wholly dependent upon	
The earlier nomination made by				
The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect				
* •		:		
			<del>:</del>	
DATED:		SIGNATURE OR THUMB IMPRESSION OF		
7/3/24 THE EMPLOYEE			LI OVEE LINTLY TINTLY KESSION OF	
111129			LECTER	