

[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 Muhammad Shah s/d/w/o Masta Jan bearing	
CNIC # 212 67 31177 072 /	,
CNIC # 21203-3473970-1 working as CHW hereby	7
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	3
beneficiary(ies) to receive the death insurance amount (sum assured) in the event of my death.	
(First choice)	
Name of Nominee/ Relationship Specification of Share Contact Number	_
Nominees Specification of Share Contact Number	-
0 1 11	
Bashir Ahmad Brother 100 % 0333 9537474	
Amon 11/10h 12×11 1000 76	1
100 % 0333896275	1
(In case of death of first 1	
(In case of death of first choice) – 2 nd Option	
Name of Nominee/ Relationship Specification of Share Contact Number	7
Contact Number	-
Ablulia	
Abdul Karim Brother 100 %	
1506 ney 100 % 03302437575	
I hereby certified that the above noted member(s) of marks and	
I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon	
The earlier nomination made 1	
The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect	
DATED: SIGNATURE OR THUMB IMPRESSION OF	
THE EMPLOYEE	
1926	
- 1987年 - 1987年 - 東京 1987年 - 1	
スプログラス アンドゥ かんしゅう アルス 機能性 まっさい かっかい カーカー 明めたい さんしゅう	