

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

Form of N	Nomination for Day 7	
I Ingelah	Nomination for Death Insurance for CTC Emplo	yees
CNIC # 21203 977 9	s/d/w/o Ambarakhan s/d/w/o Ambarakhan working as CHW ersons mentioned below who is/ are member(e	bearing
nominate the person/	working as CHU	7
beneficiary(ies) to receive the	ersons mentioned below who is/ are member(s he death insurance amount (sum assured) in the) of my family
y (a receive th	he death insurance amount (sum assured) in the even (First choice)	t of my death.
Name of Nominee/	1	
Nominees	Relationship Specification of Share (Contact Number
Walicad		
walised sed wali	Brother 50%. 033	05717228
sed Wali	Roother	79222454
		122731
	(In case of death of first choice) - 2nd Option	
Name of Nominee/		
Nominees	Relationship Specification of Share Co.	ntact Number
Walised		
wall se a	Brother 100 %. 6330	5717228
I hereby certified that the		
me.	ve noted member(s) of my family mentioned are whol	ly doman J
This is a second of the second	W1101	ry dependent upon
The earlier nomination made	by me (if any) may kindly be treet if	w:
	by me (if any) may kindly be treated as cancelled and	d of no effect
÷		-2.
DATED:	SIGNATURE OR THUMB IM	IPRESSION OF
16/9/2026	THE EMPLOYE	Œ
	M Relab	