

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

Form of N	mination for Dectar	
Lyria yell mat	omination for Death Insurance for CTC Employeess/d/w/ob	
CNIC # 21201. 89288	working asb working asCHW sons mentioned below who is/ are member(s) of my form	earing
nominate the person/ pe beneficiary(ies) to receive the	working as working as CHW resons mentioned below who is/ are member(s) of my fam death insurance amount (sum assured) in the event of	hereby
_	death insurance amount (sum assured) in the event of my death. (First choice)	ury as
Name of Nominee/ Nominees	Relationship Specification of Share Contact Numb	er
Zahid ullah	810 Depended 030755994	19
	3.01.33.77.9	10
	In case of death of first choice) – 2 nd Option	
Name of Nominee/ Nominees	Relationship Specification	
ronditees	Contact Number	
Said Ruhman	Brother Depended 0331 5290 60	
I hereby certified that the above	2 3 3 3 40 60	0
me.	e noted member(s) of my family mentioned are wholly dependent a	ıpon
The earlier nomination made	by me (if any) may kindly be treated as cancelled and of no effect	
	be freated as cancelled and of no effect	
D 4 (1777)		
DATED:	SIGNATURE OR THUMB IMPRESSION O THE EMPLOYEE	F
8/9/2024	Auf	