

## [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 SHAH HUSSayn s/d/w/o Sharaf Muhammad bearing CNIC # 1123-9817774 9
CNIC# ) 1) 02-991 27-14 bearing
CNIC # 21)03-98) 7774-9 working as C. H. W hereby beneficiary(jee) to receive it is a mentioned below who is are member(i) as
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 /
Nominees Relationship Specification of Share Contact Number
Contact Number
Tail
Jail 4/194 Brother 100% 1307-001701
Nivava de 1002 0307-5927962
11/1/89 (adu)Her 100% 0302-5532429
1802-3582429
(In case of death of first choice) – 2 <sup>nd</sup> Option
Name of Name
Nominees Relationship Specification of Share Contact Number
- Jornaci Number
Sharaf mylammed father 1009 1207.7192020
0301.1180525
I hereby certified that the above and discontinuous
I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon
The on-li-
The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect
be fleated as cancelled and of no effect
DATED: SIGNATURE OF THE CO.
DATED: SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE
15/07/2024
- State of