

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

Form of Nomination for Death Insurance for CTC Employees I Atta URah s/d/w/o Sayed Qayyum bearing CNIC # 21202-6075577-9 working as Community Heath worker 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 my death. (First choice) Name of Nominee/ Nominees Relationship Specification of Share Contact Number Sayed Qayyum Father 100 % 0302-5961133 (In case of death of first choice) - 2nd Option Name of Nominee/ Nominees Relationship Specification of Share Contact Number Nominees Name of Nominee/ Nominees Relationship Specification of Share Contact Number Nominees The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect	CNIC # 21202-6075577-9 working as Community Health worker 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 my death. (First choice) Name of Nominee/ Nominees Relationship Specification of Share Contact Number Contact Number In case of death of first choice) - 2nd Option Name of Nominee/ Nominees Relationship Specification of Share Contact Number Nominees Relationship Specification of Share Contact Number Nominees Nominees Relationship Specification of Share Contact Number Nominees Thereby certified that the above noted member(s) of my family mentioned are wholly dependent upon me. The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE						
CNIC # 21202-6075577-9 working as Community Health worker 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 my death. (First choice) Name of Nominee/ Nominees Contact Number Contact Number Name of Nominee/ Nominees Relationship Specification of Share Contact Number Name of Nominee/ Nominees Relationship Specification of Share Contact Number Name of Nominee/ Nominees Relationship Specification of Share Contact Number Name of Nominee/ Nominees Relationship Specification of Share Contact Number Name of Nominee/ Nominees Thereby certified that the above noted member(s) of my family mentioned are wholly dependent upon me. The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect	CNIC # 21202-6075577-9 working as Community Health worker 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 my death. (First choice) Name of Nominee/ Nominees Relationship Specification of Share Contact Number Contact Number In case of death of first choice) - 2nd Option Name of Nominee/ Nominees Relationship Specification of Share Contact Number Nominees Relationship Specification of Share Contact Number Nominees Nominees Relationship Specification of Share Contact Number Nominees Thereby certified that the above noted member(s) of my family mentioned are wholly dependent upon me. The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE	Form of Nomination for Death Insurance for CTC Trans					
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 my death. (First choice) Name of Nominee/ Nominees Contact Number Contact Number Contact Number Contact Number Name of Nominee/ Nominees Relationship Specification of Share Contact Number Name of Nominee/ Nominees Relationship Specification of Share Contact Number Nominees Name of Nominee/ Nominees Relationship Specification of Share Contact Number Nominees Name of Nominee/ Nominees Relationship Specification of Share Contact Number Nominees Thereby certified that the above noted member(s) of my family mentioned are wholly dependent upon me. The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect	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 my death. (First choice) Name of Nominee/ Nominees Relationship Specification of Share Contact Number (In case of death of first choice) - 2nd Option Name of Nominee/ Nominees Relationship Specification of Share Contact Number Nominees Relationship Specification of Share Contact Number Nominees Name of Nominee/ Nominees Relationship Specification of Share Contact Number Nominees The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE	I Atta I Pro 6					
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 my death. (First choice) Name of Nominee/ Nominees Contact Number Contact Number Contact Number Contact Number Name of Nominee/ Nominees Relationship Specification of Share Contact Number Name of Nominee/ Nominees Relationship Specification of Share Contact Number Nominees Name of Nominee/ Nominees Relationship Specification of Share Contact Number Nominees Name of Nominee/ Nominees Relationship Specification of Share Contact Number Nominees Thereby certified that the above noted member(s) of my family mentioned are wholly dependent upon me. The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect	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 my death. (First choice) Name of Nominee/ Nominees Relationship Specification of Share Contact Number (In case of death of first choice) - 2nd Option Name of Nominee/ Nominees Relationship Specification of Share Contact Number Nominees Relationship Specification of Share Contact Number Nominees Name of Nominee/ Nominees Relationship Specification of Share Contact Number Nominees The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE	s/d/w/o Sayed Qayuim hearing					
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 (In case of death of first choice) – 2nd Option Name of Nominee/ Nominees Relationship Specification of Share Contact Number (In case of death of first choice) – 2nd Option Name of Nominee/ Nominees Relationship Specification of Share Contact Number Odd Odd Option I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon me. The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect	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 Contact Number In case of death of first choice) - 2nd Option Name of Nominee/ Nominees Relationship Specification of Share Contact Number Nominees Name of Nominee/ Nominees Relationship Specification of Share Contact Number Nominees Nominees Relationship Specification of Share Contact Number Thereby certified that the above noted member(s) of my family mentioned are wholly dependent upon me. The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE	2/202 (10/1) 11/1-9					
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 (In case of death of first choice) – 2nd Option Name of Nominee/ Nominees Relationship Specification of Share Contact Number (In case of death of first choice) – 2nd Option Name of Nominee/ Nominees Relationship Specification of Share Contact Number Odd Odd Option I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon me. The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect	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 Contact Number In case of death of first choice) - 2nd Option Name of Nominee/ Nominees Relationship Specification of Share Contact Number Nominees Name of Nominee/ Nominees Relationship Specification of Share Contact Number Nominees Nominees Relationship Specification of Share Contact Number Thereby certified that the above noted member(s) of my family mentioned are wholly dependent upon me. The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE	nominate the person/ persons mentioned halves to morning as Community Health worker hereby					
(First choice) Name of Nominee/ Nominees Relationship Specification of Share Contact Number Sayed Qayyum Father 100 % 030) - 5961133 (In case of death of first choice) - 2nd Option Name of Nominee/ Nominees Relationship Specification of Share Contact Number Nominees Relationship Specification of Share Contact Number Nominees Relationship Specification of Share Contact Number Ontact Number Thereby certified that the above noted member(s) of my family mentioned are wholly dependent upon me. The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect	(First choice) Name of Nominee/ Nominees Relationship Specification of Share Contact Number Sayed Qayyum Father 100 % 0302-5961133 (In case of death of first choice) - 2nd Option Name of Nominee/ Nominees Relationship Specification of Share Contact Number Name of Nominee/ Nominees Relationship Specification of Share Contact Number I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon me. The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE	beneficiary(jes) to receive the dealy intertuoned below who is/ are member(s) of my family as					
Name of Nominee/ Nominees Relationship Specification of Share Contact Number Sayed Qayyum Father 100 % 030, -5961133 (In case of death of first choice) - 2nd Option Name of Nominee/ Nominees Relationship Specification of Share Contact Number Relationship Specification of Share Contact Number Nominees Rizwan Illah Broller 100 % 0332-5291904 I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon me. The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect	Name of Nominees Relationship Specification of Share Contact Number Sayed Qayyum Father 100 % 0302-5961133 (In case of death of first choice) - 2nd Option Name of Nominees Relationship Specification of Share Contact Number Nominees Relationship Specification of Share Contact Number Nominees New York 100 % 0332-5291904 I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon me. The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE	death insurance amount (sum assured) in the event of my death					
Name of Nominees Relationship Specification of Share Contact Number Sayed Qayyum Fathex 100 % 1302-5961133 (In case of death of first choice) - 2nd Option Name of Nominees Relationship Specification of Share Contact Number Nominees Relationship Specification of Share Contact Number Nominees Rizwan Illah Brother 100 % 1332-5291904 I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon me. The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect	Name of Nominees Relationship Specification of Share Contact Number Sayed Qayyum Father 100% 0302-5961133 (In case of death of first choice) - 2nd Option Name of Nominees Relationship Specification of Share Contact Number Nominees Relationship Specification of Share Contact Number Nominees New York 100% 0332-5291904 I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon me. The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE						
Nominees Sayed Qayyum Father (In case of death of first choice) - 2nd Option Name of Nominee/ Nominees Relationship Specification of Share Contact Number Nominees Relationship Specification of Share Contact Number Nominees I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon me. The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect	Nominees Sayed Qayyum Father (In case of death of first choice) - 2nd Option Name of Nominee/ Nominees Relationship Specification of Share Contact Number Relationship Specification of Share Contact Number Alguery Contact Number On the carried that the above noted member (s) of my family mentioned are wholly dependent upon me. The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE		(1)	irst choice)			
Nominees Sayed Qayyum Father (In case of death of first choice) - 2nd Option Name of Nominee/ Nominees Relationship Specification of Share Contact Number Nominees Relationship Specification of Share Contact Number Nominees I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon me. The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect	Nominees Sayed Qayyum Father (In case of death of first choice) - 2nd Option Name of Nominee/ Nominees Relationship Specification of Share Contact Number Relationship Specification of Share Contact Number Alguery Contact Number On the carried that the above noted member (s) of my family mentioned are wholly dependent upon me. The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE	Name of Nominee/	Relationship	Constitution of the consti			
(In case of death of first choice) - 2nd Option Name of Nominee/ Nominees Relationship Specification of Share Contact Number Relationship Specification of Share Contact Number Dizwan Illah Brother 100 % 0332-5291904 I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon me. The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect	Sayed Qayyum Fathex 100 % 0302-5961133 (In case of death of first choice) - 2nd Option Name of Nominee/ Nominees Relationship Specification of Share Contact Number Relationship Specification of Share Contact Number O332-5291904 I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon me. The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE		The action is in pro-	Specification of Share	Contact Number		
(In case of death of first choice) – 2nd Option Name of Nominee/ Nominees Relationship Specification of Share Contact Number Relationship Specification of Share Contact Number Contact Number Con	(In case of death of first choice) – 2nd Option Name of Nominee/ Nominees Relationship Specification of Share Contact Number Pizuan Ulan Brother to 9/ I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon me. The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE						
(In case of death of first choice) – 2nd Option Name of Nominee/ Nominees Relationship Specification of Share Contact Number Relationship Specification of Share Contact Number Contact Number Con	(In case of death of first choice) – 2nd Option Name of Nominee/ Nominees Relationship Specification of Share Contact Number Pizuan Ulan Brother to 9/ I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon me. The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE	0					
(In case of death of first choice) – 2nd Option Name of Nominee/ Nominees Relationship Specification of Share Contact Number Relationship Specification of Share Contact Number Contact Number Con	(In case of death of first choice) – 2nd Option Name of Nominee/ Nominees Relationship Specification of Share Contact Number Pizuan Ulan Brother to 9/ I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon me. The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE	Sayed Dame	C.H				
(In case of death of first choice) – 2nd Option Name of Nominee/ Nominees Relationship Specification of Share Contact Number Relationship Specification of Share Contact Number I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon me. The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect	(In case of death of first choice) – 2nd Option Name of Nominee/ Nominees Relationship Specification of Share Contact Number Product Nominees I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon me. The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE	Jayer Gayyom	tainer	100 %	0301-5961132		
Name of Nominees Relationship Specification of Share Contact Number Relationship Specification of Share Contact Number 1 hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon me. The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect	Name of Nominees Relationship Specification of Share Contact Number Relationship Specification of Share Contact Number Relationship Specification of Share Contact Number O332-5291904 I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon me. The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE			,,,	3101133		
Name of Nominees Relationship Specification of Share Contact Number Relationship Specification of Share Contact Number 1 hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon me. The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect	Name of Nominees Relationship Specification of Share Contact Number Relationship Specification of Share Contact Number Relationship Specification of Share Contact Number O332-5291904 I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon me. The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE						
Name of Nominees Relationship Specification of Share Contact Number Relationship Specification of Share Contact Number 1 hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon me. The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect	Name of Nominees Relationship Specification of Share Contact Number Relationship Specification of Share Contact Number Relationship Specification of Share Contact Number O332-5291904 I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon me. The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE						
Name of Nominees Relationship Specification of Share Contact Number Relationship Specification of Share Contact Number 1 hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon me. The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect	Name of Nominees Relationship Specification of Share Contact Number Relationship Specification of Share Contact Number Relationship Specification of Share Contact Number O332-5291904 I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon me. The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE						
Name of Nominees Relationship Specification of Share Contact Number Relationship Specification of Share Contact Number 1 hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon me. The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect	Name of Nominees Relationship Specification of Share Contact Number Relationship Specification of Share Contact Number Relationship Specification of Share Contact Number O332-5291904 I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon me. The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE	*	(In case of death o	f first choice) - 2nd Option	***		
Nominees Rizwan Ullah Brother 100 % I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon me. The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect	Nominees Rizwan Ullah Brother 100 / 0332-5291904 I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon me. 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	Name of Nominas /			*		
Rizwan Ullah Brother 100 % 0332-5291904 I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon me. The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect	Rizwan Ullah Brother 100 / 0332-5291904 I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon me. 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		Kelationship	Specification of Share	Contact Number		
I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon me. The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect	I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon me. 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	rondrees					
I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon me. The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect	I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon me. 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						
I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon me. The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect	I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon me. The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE	0=					
I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon me. The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect	I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon me. 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	K13wan Ullah	Brother	100%			
The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect	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			10 /0	1332-5291904		
The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect	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	Thereby cortified the unit					
The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect	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	I hereby certified that the abo	ove noted member(s) of my family mentioned	77.		
	DATED: SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE	me.		, and rainty Highlighted 8	are wholly dependent upon		
	DATED: SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE	This was a					
	DATED: SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE	The earlier nomination made	e by me (if any) ma	V kindly be treated as says			
	DATED: SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE	4		y rationy be treated as canc	elled and of no effect		
CTONIA TITIDI OD TOTO	THE EMPLOYEE						
CICNIA TITIDE OD OT TO	THE EMPLOYEE						
DATED SHARE A SIGNALLIKE OR THILD TO ADDRESS OF	THE EMPLOYEE	D A TED		SIGNATIER OF TH	IIIMB IMPRESSION OF		
DATED: THE EMPLOYEE	A LOUIS BIVIT DO I BB	DAIED:		THE EMPLOYER			
	0610917 471	06/09/2024			VII LOIDE		
CICNIA TITIDE ON THE	THE EMPLOYEE	The earlier nomination made	e by me (if any) ma	y kindly be treated as canc	elled and of no effect		