

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

Form of N			·	
Form of Nomination for Death Insurance for CTC Employees				
occumina di rimah sidirila Di				
CNIC # 11 02-3837035-7 working as CHW 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 crust of				
beneficiary (ies) to receive the death insurance amount (sum assured) in the event of my death.				
(First choice)				
Name of Nominee/	Relationship			
Nominees	1. Clarionship	Specification of Share	Contact Number	
Khail matshah	Father			
	_	100%	63009500295	
	A. (2000)		*.	
	(In case of death o	f first choice) – 2 <sup>nd</sup> Option		
Name of Nominee/				
Nominees	Relationship	Specification of Share	Contact Number	
0 0			•	
Zahiba bibi	mother	100%	A-2 - 0	
			03009500295	
I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon				
me.		of my family mentioned	are wholly dependent upon	
The earlier nomination made	by me (if any) may	1. 17		
The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect				
DATED:		SIGNATURE OR THUMB IMPRESSION OF		
19/09/2014		THE EMPLOYEE		
(1000)			7 sluk	
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