



[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 Khafi Ullah s/d/w/o Abdul latif bearing  CNIC # 2122-33 42257 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 event of my death.  (First choice)  Name of Nominee/ Nominees  Relationship Specification of Share Contact Number  Abdul Latif Father 100%  (In case of death of first choice) - 2nd Option  Name of Nominee/ Nominees  Relationship Specification of Share Contact Number  Nominees  Nominees  Nominees  Nominees  Nominees  No Working as CHW hereby hereby hereby are member(s) of my family as bearing the property of my family as bearing the person of my	3 x	!, ,				
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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

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