



[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 Shahi'd Kham s/d/w/o TawkaC Whan bearing CNIC # 21201- 4931926-5				
s/d/w/o rawkac When				
CNIC # 2/20/- 493)92 6-5 working as CHW hereby				
nominate the person/ persons mentioned below 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.				
sum assured) in the event of my death.				
(First choice)				
Name of Nominee/	Relationship	T 0 11		
Nominees	Relationship	Specification of Share	e Contact Number	
7				
Tunkal Khan	Father	100%	6721411.6111	
		700 70	03314145116	
(In case of death of first all and a second				
(In case of death of first choice) – 2 nd Option				
Name of Nominee/	Relationship	Specification of Share	Contact Number	
Nominees			Colliact Number	
	17.4.41			
Shaker	Brother	4 0.		
STATION	1000	100%	033/4145116	
I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon me.				
me.	į.	y or mry rammy mentioned	are wholly dependent upon	
The earlier nominalists	4			
The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect				
DATED:		SIGNATURE OR T	HUMB IMPRESSION OF	
	3 P.	THE EMPLOYEE		
2/9/2024				
	4 ,		the state of the s	