



[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 KAMIL SHAH s/d/w/o ZULFIQAR ALI bearing  
CNIC # 17301-7063361-1 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 No.
<u>ZULFIQAR ALI</u>	<u>FATHER</u>	<u>100 %</u>	<u>0335-2877150</u>

(In case of death of first choice) - 2<sup>nd</sup> Option

Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
<u>MAJEEB-ULLAH</u>	<u>Brother</u>	<u>100 %</u>	<u>0333-7682123</u>

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 null and void.

DATED:

01-10-2024

SIGNATURE OR THUMB IMPRESSION OF THE  
EMPLOYEE