



[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 Noor Khalid s/d/w/o Arabistan Khan bearing  
CNIC # 21201-1681221-7 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 event of my death.

(First choice)

Name of Nominee/ Nominees	Relationship	Specification of Share	Contact number
<u>Arabistan Khan</u>	<u>Father</u>	<u>100%</u>	<u>0333 4411563</u>

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

Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
<u>Naila bibi</u>	<u>Wife</u>	<u>100%</u>	<u>0333818197</u>

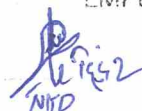
I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon  
me.

The earlier nomination made by me (if any) may kindly be treated as cancelled/void/annulled.

DATED:

01/10/2024

SIGNATURE OR THUMB IMPRESSION OF THE  
EMPLOYEE

  
NKH