



[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 IRUM NAZ s/d/w/o Sami Ullah Khan bearing  
CNIC # 17301-09121002 working as CAW 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
Samiullah Khan	Father	100%	0317-1952603
Sanaam Sami	Sister	11	03127950180

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

Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
Asim Khan	Brother	100%	0317-1952603

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

DATED:

9/5/2024

SIGNATURE OR THUMB IMPRESSION OF  
THE EMPLOYEE

[Signature]