



[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 Sherbaz s/d/w/o Zafziz Khan bearing CNIC # 2120139750201 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
Zafziz Khan	brother	100%	03339940342
Sherbaz	Son	100%	03429746038

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

Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
Adil	Son	100%	0333 6670098

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:

2/9/24

SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE

Sherbaz