



[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 Shakeel Khan s/d/w/o Muhammed Saadiq bearing CNIC # 2921-81705475 working as C.H.W 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>Said bi bi</u>	<u>Mother</u>	<u>100 %</u>	<u>0306 1820853</u>
<u>Muraj bi bi</u>	<u>wife</u>	<u>100 %</u>	<u>03339772842</u>

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

Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
<u>Muraj bi bi</u>	<u>wife</u>	<u>100 %</u>	<u>03339772842</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 and of no effect

DATED:

3/19/24

SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE

Shakeel Khan