

TRAINING & CONSULTING	[CTC – HRO –	PTPP – Recruitment & S urance Nomination form–	election – 7.8.5-c-061 June 2024]	
Form of No	mination for D	North T		
Form of Nomination for Death Insurance for CTC Employees				
I Mujahid Ahmad s/d/w/o Alam Jan bearing CNIC # 21201- 900 75 97 7				
nominate the person/ persons montioned laborated to 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.				
		irst choice)	y in the event of n	ny death.
Name of Nominee/	Relationship	,		
Nominees	Relationship	Specification of SI	are Conta	ct Number
Sagib Ahmad	Son	100%	03068	506718
(In case of death of first choice) – 2 nd Option				
Name of Nominee/ Nominees	Relationship	Specification of Shar	e Contact	Number
2. Onditices		2		
Gul Zameena b.	Wife	100%	033486	16005
I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon				
	t .			
The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect				
DATED:	adicora		R THUMB IMPRE IE EMPLOYEE	SSION OF
5.9.2024	1	M. Ald	1	