



[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 Mujahid Khan s/d/w/o Abdul Majeed bearing
CNIC # 212028995402-9 working as Area Supervisor 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>Naseer Ahmad</u>	<u>Brother</u>	<u>100%</u>	<u>03319193863</u>
<u>Wife Khadija</u>	<u>wife</u>	<u>100%</u>	<u>"</u>

(In case of death of first choice) - 2nd Option

Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
<u>Father Abdul Majeed</u>	<u>Father</u>	<u>100%</u>	<u>03363444520</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:

16/9/2024

SIGNATURE OR THUMB IMPRESSION OF
THE EMPLOYEE

[Signature]