

[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 Sahad Khan s/d/w/o Qutab Khan bearing
CNIC # 21204-90793725 working as C.H.W paidild 3 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>Taghwa</u>	<u>Wife</u>	<u>100%</u>	<u>✓</u>
			<u>✓</u>

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

Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
<u>Asad Khan</u>	<u>Brother</u>	<u>100%</u>	<u>0314-9523575</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: <u>5/9/2024</u>	SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE
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[Handwritten Signature]