



[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 Hafeez ur Rehman s/d/w/o
Parvizi bearing

CNIC # 21202-0943299-9 working as
Area Superintendent 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>Parvizi</u> | <u>Father</u> | <u>100%</u> | <u>0333 9407797</u> <u>0314-1977622</u> |

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

| Name of Nominee/ Nominees | Relationship | Specification of Share | Contact Number |
|------------------------------|----------------|---------------------------|---------------------------------------------|
| <u>Zia ur Rehman</u> | <u>Brother</u> | <u>100%</u> | <u>0333 9414950</u> <u>0303 821 8323</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>30/8/2024</u> | SIGNATURE OR THUMB IMPRESSION |
|-------------------------|-------------------------------|

Hafeez ur Rehman