



[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 FARAKH YAR s/d/w/o MUHAMMAD SALIK bearing
CNIC # 21209-0876719-9 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>ALLAH YAR</u>	<u>Brother</u>	<u>100%</u>	<u>0333 923 62 30</u>

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

Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
<u>Attar YAR</u>	<u>Brother</u>	<u>100%</u>	<u>0336 935 50 40</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:

30-08-2024

SIGNATURE OR THUMB IMPRESSION OF
THE EMPLOYEE

