



[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 TAJ - AKBAR s/d/w/o SAIN - AKBAR bearing CNIC # 21203-72160337 working as CHW 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
Rubi	wife	50%	03467615601
Aiwa	daughter	50%	" "

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

Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
SHAD - AKBAR	Brother	100%	03015927368

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:

09-09-2024

SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE