

## [CTC - HRO - PTPP - Recruitment & Selection - 7.8.5-c-061] [Insurance Nomination form - June 2024]

| TRAINING & CONSULTING   |                     |  |   |
|---|---------------------|--|---|
| COMMUNICA   | [CTC - HRO -        | PTPP - Recruitment & Selection           | 7.0.5                                   |
| [CTC – HRO – PTPP – Recruitment & Selection – 7.8.5-c-061] [Insurance Nomination form– June 2024]   |                     |  |   |
|   |                     |  |   |
|   |                     |  |   |
| Form of I   | Nomination for D    | eath Insurance for OTO                   |   |
| Form of Nomination for Death Insurance for CTC Employees  |                     |  |   |
| I Shamsw-Amin s/d/w/o Younus-Ichan bearing  |                     |  |   |
| CNIC # 21203-0623284-5  |                     |  |   |
| CNIC # 21303-0623284-5 working as A.S 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. |                     |  |   |
|   |                     | amount (sum assured) in                  | the event of my death.                  |
|   | (F                  | irst choice)                             |   |
| Name of Nominee/  | Relationship        | T  |   |
| Nominees  | Relationship        | Specification of Share                   | Contact Number                          |
| ZaiN  |                     |  |   |
| Kaik  | Son                 | 50%                                      | 0307-5935867                            |
| Noman   | Son                 | 50%                                      | 3-13133 667                             |
|   |                     | 30%                                      | 0307-5935867                            |
|   |                     |  |   |
|   | (In case of death   | ( C:                                     |   |
| Namo of N   | · I ill of death of | f first choice) - 2 <sup>nd</sup> Option | , i                                     |
| Name of Nominee/<br>Nominees  | Relationship        | Specification of Share                   |   |
| - tonditees   |                     | i Silare                                 | Contact Number                          |
| 11  | 8:6                 |  |   |
| Hamayun   | Brother             | 100 80%                                  | 2 2 5 5 2 5 15                          |
|   |                     | , , , , , , , , , , , , , , , , , , ,    | 302-5503367                             |
| 71 -  |                     | , ,                                      |   |
| I hereby certified that the abo   | ve noted member/o   | \ of(                                    |   |
| I hereby certified that the abo   |                     | of my family mentioned a                 | re wholly dependent upon                |
| The earlier nomination  |                     |  | 1 |
| The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect  |                     |  |   |
| as cancelled and of no effect   |                     |  |   |
|   |                     |  | +                                       |
| DATED:  |                     | SIGNIATITITE                             |   |
|   | THOMB IMPRESSION OF |  |   |
| O9-09-2024 THE EMPLOYEE   |                     |  | ILTOXEE                                 |
|   | Shan                |  |   |