



[CTC - HRC - PTPP - Form of Nomination & Selection - 7.8.5-c-061]
[Insurance Nomination Form - June 2024]

Form of Nomination for Death Insurance for CTC Employees

I Shabeena mateen s/o Abdul mateen
bearing

CNIC # 17301-6304638-6 working as UCOO
hereby nominate the person/ persons mentioned below who is/ are member(s) of my family as
beneficiary(ies) to receive the death insurance amount (amount assured) in the event of my death.

(First of two options)

Name of Nominee/ Nominees	Relationship	Share of Share	Contact Number *
<u>Shamim Bibi</u>	<u>Sister</u>	<u>100 %</u>	<u>0318-29361849</u>

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

Name of Nominee/ Nominees	Relationship	Share of Share	Contact Number
<u>M. Yousaf</u>	<u>Nephew</u>	<u>100 %</u>	<u>0318-9361849</u>

I hereby certified that the above noted nominees and family mentioned are wholly dependent upon me.

The earlier nomination made by me (if any) is hereby cancelled as cancelled and of no effect.

DATED:

28.8.24

SIGNATURE OR THUMB IMPRESSION OF
NOMINATOR