

[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 Saeed khan s/d/w/o saleem khan bearing CNIC # 2120313136573 working as ucuo 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
Alia	Wife	100%	0304-3173411
			NIL

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

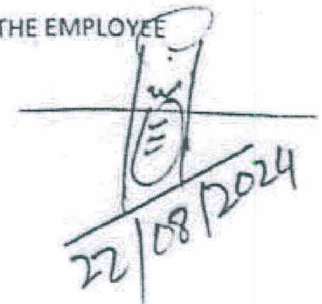
Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
NIL	NIL	NIL	NIL

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

SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE

DATED: 22/08/2024


22/08/2024