TRAINING & CONSULTING

[CTC – HRO – PTPP – Recruitment & Selection – 7.8.5 – 061]
[Insurance Nomination form – June 2024]

Form of Nomination for Death Insurance for CTC Employees

I Zarshad Ali Khalil s/d/w/o Ahmed Gul bearing CNIC # 17301-2480159-7 working as UC DD 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 hssured) in the event of my death.

(First choice)

Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
Sabina Zarshad	wife	100%	0319-2183780

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

Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
Huzaif Ullah Khalil	Son	100%	0319-2183780

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:

24/08/024.

SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE