



[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 Mutabar Ichan s/d/w/o Aman Shah
bearing

CNIC # 21201-3994096-9 working as
_____ 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
<u>Aman Shah</u>	<u>Father</u>	<u>50%</u>	<u>0333-9392639</u>

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

Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
<u>Laila</u>	<u>wife</u>	<u>50%</u>	<u>0333-9392639</u>

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:

30/8/2024

SIGNATURE OR THUMB IMPRESSION OF
THE EMPLOYEE

Mutabar Ichan