



[CTC - HRO - PTPP - Recruitment & Selection - 7.8.5-c-061]
[Insurance Form - June 2024]

Form of Nomination for Death Insurance for CTC Employees

I M. IMRAN KHAN s/o M. ZAHEER UD DIN BABAR
bearing

CNIC # 17301-0261522-7 as UCPO

hereby nominate the person/ persons mentioned below who is/ are member(s) of my family as beneficiary(ies) to receive the death insurance amount (assured) in the event of my death.

(First Option)

Name of Nominee/ Nominees	Relationship	Percentage of Share	Contact Number
<u>SALONI</u>	<u>wife</u>	<u>100 %</u>	<u>0302-0908246</u>

(In case of death of insured - 2nd Option)

Name of Nominee/ Nominees	Relationship	Percentage of Share	Contact Number
<u>ARSALAN</u>	<u>Brother</u>	<u>100 %</u>	<u>0313-9635757</u>

I hereby certify that the above mentioned person(s) are wholly dependent upon me.

The earlier nomination, if any, by me is hereby cancelled and of no effect.

SIGNATURE IMPRESSION OF

DATED: 28-8-24

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