TRAINING & CONSULTING

Form of Nomination for Death Insurance for CTC Employees

I Umar Farooq s/d/w/o Amir Sultan bearing CNIC # 17301-1305183-1 working 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 (sum assured) in the event of my death.

(First choice)

Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
Amir Sultan	Father		03449120035

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

Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
Samia	Wife		0316 3538316

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: 19-9-24

SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE