



[CTC - HRO - PTPP - Recruitment & Selection - 7.6.5-c-061]
[Insurance Nomination form- June 2024]

Form of Nomination for Death Insurance for CTC Employees

I Abdul Haleem s/d/w/o Sarab Khan bearing

CNIC # 21201-7066811-1 working as CHW 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>Sarab Khan</u>	<u>Father</u>	<u>100%</u>	<u>0333-9898492</u> <u>0333-8889447</u>

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

Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
<u>Zahiba Haleem</u>	<u>Wife</u>	<u>100%</u>	<u>0333-4474366</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) is hereby cancelled.

DATED:

01-10-2024

SIGNATURE OF NOMINEE/EMPLOYEE

Abdul Haleem

[Signature]