

[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 Yasir s/d/w/o Nimat ullah bearing  
CNIC # 17301-31668689 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>Wife</u>	<u>100%</u>	<u>✓</u>
<u>SaiBa</u>			<u>✓</u>

(In case of death of first choice) - 2<sup>nd</sup> Option

Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
<u>Sajjada</u>	<u>mother</u>	<u>100%</u>	<u>0308-9059177</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:	SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE
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05/09/2024

