



[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 Faha Ali s/d/w/o Abdullah bearing CNIC # 212025378450-1 working as C-H-W 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
Abdullah	Father	100%	03054110153
Sirat Khan	Brother	100%	0347 333 65 33968

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

Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
Sirat Khan	Brother	100%	03336533968

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:

5/9/2024

SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE