



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

Form of Nomination for Death Insurance for CTC Employees

Nabeeda Bibi s/d/w/o Qadeem bearing
NIC # 17301-13700944 working as Officer 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
Nabeeda Bibi			
Qadeem	Husband	100%	0313-8690694

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

Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
Ahneem	daughter	100%	0313-8690694

I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon
earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect

DATED: 07/20/24

SIGNATURE OR THUMB IMPRESSION OF
THE EMPLOYEE

[Signature]