

Form of Nomination for Death Insurance for CTC Employees

I Shabana s/d/w/o R.P.S. bearing

CNIC # 1730107308228 working as CTI.W hereby  
nominate the person/ persons mentioned below who is/ are member(s) of my family a  
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>پہلی</u>	<u>ہجرت</u>	<u>100%</u>	<u>03004980748</u>
<u>دوئم</u>	<u>ہجرت</u>	<u>100%</u>	<u>0319249536</u>

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

Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
<u>پہلی</u>	<u>ہجرت</u>	<u>100</u>	<u>03004980748</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:

5-9-24

SIGNATURE OR THUMB IMPRESSION OF  
THE EMPLOYEE

Shg