

Form of Nomination for Death Insurance for CTC-Employees

I عزیز s/d/w/o سہیل bearing CNIC # 17301-1400836-0 working as CH-w nominate the person/ persons mentioned below who is/ are member(s) of my family 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
صہیل نور	بیٹی	100%	03189090452
عزیز	بیٹی	100%	

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

Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
صہیل نور	بیٹی	100%	03189090452

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:

05-09-2024

SIGNATURE OR THUMB IMPRESSION OF
THE EMPLOYEE

عزیز