

Form of Nomination for Death Insurance for CTC Employees

I Zuhra s/w/o محمد bearing  
CNIC # 1730177304094 working as C.H.A here  
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
شيمس الرحمن	بنت	100%	03054946265
سيف الرحمن	بنت	100%	08169086346

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

Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
مبارك	بنت	100%	03054946265
		100%	

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

Dr