

Form of Nomination for Death Insurance for CTC Employees

I بالا s/d/w/o نیازی bearin

CNIC # 12301-7010260-0 working as CTW hereb  
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
لینا	سپوز	100 %	03413084502
ایر فیصل	بھتی	100 %	

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

Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
ایر فیصل	SON	100 %	03413084502

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

بالا