

Form of Nomination for Death Insurance for CTC Employees

I Ali s/d/w/o Ali bearing

CNIC # 17301-0145475-0 working as

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
فصلي ابي	اب	100%	03005935309
فصلي ربي	اب	100%	03005854620

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

Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
ذري نساء	بن	100%	0315 98 97 411

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

Ali