

Form of Nomination for Death Insurance for CTC Employees

I دربیبی s/d/w/o آزاد الدین bearin

CNIC # 172021-8597654-2 working as _____ herein
nominate the person/ persons mentioned below who is/ are member(s) of my family & hereb
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
سہتر ارخان	بیٹا	100%	03039878939
ياسر ارخان	بیٹا	100%	

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

Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
تنیا	بیٹی	100%	03039878939

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

دربیبی