

Form of Nomination for Death Insurance for CTC-Employees

I Rubna Bibi s/d/w/o Abdul Wakeed bearing CNIC # 17301-36001676 working as E.H.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
<u>Abdul Wakeed</u>	<u>Husband</u>	<u>100%</u>	<u>0318-9638077</u>
<u>AMAR</u>	<u>SON</u>	<u>100%</u>	<u>4</u>

(In case of death of first choice) - 2<sup>nd</sup> Option

Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
<u>AMAR</u>	<u>SON</u>	<u>100%</u>	<u>0318-9638077</u>

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

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