

Form of Nomination for Death Insurance for CTC Employees

I Shehnaaz s/d/w/o Nil bearing CNIC # 17301-3842527-8 working as C.H.L 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
زینت	بیٹا	1000%	03101907119
زین	بیٹا	1000%	03156627664

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

Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
عرفان	بیٹا		03189113548

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

Shehnaaz