

Form of Nomination for Death Insurance for CTC-Employees

I Sharafat Bibi s/d/w/o S. Niaz Ali Shah bearing

CNIC # 173073389450 working as CH-W hereby  
nominate the person/ persons mentioned below who is/ are member(s) of my family as  
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>Niaz Ali Shah Husband</u>		<u>50%</u>	<u>03139790076</u>
<u>Muzaam ali shah</u>	<u>Son</u>	<u>50%</u>	<u>03139720076</u>

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

Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
<u>Natasha Gul</u>	<u>Daughter</u>	<u>50%</u>	<u>03139720076</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:

06-09-2024

SIGNATURE OR THUMB IMPRESSION OF  
THE EMPLOYEE

Sharafat