

Form of Nomination for Death Insurance for CTC-Employees

I SAMREEN BIBI s/d/w/o MURAD HUSSAIN bearing

CNIC # 17301-0805149-2 working as C.HW 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
MURAD HUSSAIN	HUSBAND	50%	03129192208
AHMAD KHAN	BROTHER	50%	03192154823

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

Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
MUHAMMAD USHA	Son	50 %	03129192208

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

Samreen