

Form of Nomination for Death Insurance for CTC Employees

I Kainat s/d/w/o Jumma Gul bearing CNIC # 3420275643214 working as AS 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
Jumma Gul	Father	50	03109764266
Waved Gul	Bother	50	03159870189

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

Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
Jumma Gul	Father	100	03109764266

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

Kainat