

Form of Nomination for Death Insurance for CTC Employees

I Saira Bibi s/d/w/o Asghar Ali Shah bearing CNIC # 17301-4383163-4 working as 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
Asghar Ali Shah	Husband	100%	03139272873
Abyan Shah	Son	50%	03311314175

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

Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
Hania Shah	Daughter	100%	03139272873

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:

22.8.2024

SIGNATURE OR THUMB IMPRESSION OF
THE EMPLOYEE

