

Form of Nomination for Death Insurance for CTC Employees

I Naseem Begum s/d/w/o Taxiq Shah bearing CNIC # 17301-8809296-4 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 |
|---------------------------|----------------|------------------------|---------------------|
| <u>Taxiq Shah</u> | <u>Husband</u> | <u>100%</u> | <u>0313 0909337</u> |

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

| Name of Nominee/ Nominees | Relationship | Specification of Share | Contact Number |
|---------------------------|----------------|------------------------|-----------------------|
| <u>Rehmat Gul</u> | <u>Brother</u> | <u>100%</u> | <u>0315 90 44 904</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:

13/8/24

SIGNATURE OR THUMB IMPRESSION OF
THE EMPLOYEE

Naseem