

Form of Nomination for Death Insurance for CTC-Employees

I Shajin s/d/w/o Za Far ALI bearing

CNIC # 01730101725574 working as A.S heret

nominate the person/ persons mentioned below who is/ are member(s) of my family & 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>Saif ALI</u>	<u>بویا</u>	<u>100%</u>	<u>03159428987</u>
<u>Za far ALI</u>	<u>شوهر</u>	<u>100%</u>	<u>03005877164</u>

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

Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
<u>اشرف باق احمد</u>	<u>شوهر</u>	<u>100%</u>	<u>03459104354</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:

5-9-2024

SIGNATURE OR THUMB IMPRESSION OF  
THE EMPLOYEE

Shajin  
5-9-2024