

Form of Nomination for Death Insurance for CTC Employees

I Abida s/d/w/o Fazal Noor bearing CNIC # 17301-6939566-6 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
Anaya	Daughter	50%	03363636239
Yashfeen	Daughter	50%	03459153052

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

Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
Arham	Son	100%	03339147315
			03363636239

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:

22/9/24

SIGNATURE OR THUMB IMPRESSION OF
THE EMPLOYEE

A b i b
22/9/24