

Form of Nomination for Death Insurance for CTC Employees

I Parveen BiBi s/d/w/o Muhammad Aslam bearing CNIC # 17301-40803798 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
Nadia	Sister	50 %	03329293374
Sadia	Sister	50 %	03329293374

(In case of death of first choice) - 2<sup>nd</sup> Option

Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
Gulnazar	Sister	100 %	03325663793

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<sup>nd</sup> August 2024

SIGNATURE OR THUMB IMPRESSION OF  
THE EMPLOYEE

Parveen BiBi  
22<sup>nd</sup> August 2024