

Form of Nomination for Death Insurance for CTC Employees

I Waddula s/d/w/o Shajehan bearing
 CNIC # 17301-4340021-8 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
Shajehan	Father	100 %	0306-5903933
M. Madasis	Brother	100 %	0302-5994431

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

Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
Rashida Shabang bibi	Mothers	100 %	03038173933

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:

28/8/24

SIGNATURE OR THUMB IMPRESSION OF
 THE EMPLOYEE

[Signature]