

Form of Nomination for Death Insurance for CTC Employees

1. Seela 10/07/87 MS AB0110 (Address) Seela
 CNIC # 415517365254 working for CTC (Company Name)
 (Name of the policy/ person/ institution) (Name who w/ or w/o possibility of my taking as beneficiary) in respect to death insurance amount (sum assured) in the event of my death

(Please check)

Name of Nominee/ Nominators	Relationship	Specification of Share	Contact Number
<u>M. Anand</u>	<u>Husband</u>	<u>50%</u>	<u>98761915629</u>
<u>P. Anitha</u>	<u>Son</u>	<u>50%</u>	<u>98765874093</u>

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

Name of Nominee/ Nominators	Relationship	Specification of Share	Contact Number
<u>M. Anand</u>	<u>Son</u>	<u>100%</u>	<u>98765874093</u>

I hereby certify that the above is full membership of my family (nominal and wholly dependent upon me).
 The earlier nomination made by me (if any) may hereby be treated as cancelled and of no effect.

DATE: 14/9/2024
 SIGNATURE OF THE EMPLOYEE: [Signature]