

Form of Nomination for Death Insurance for CTC Employees

I Muhammad Jalil Sadiq, s/d/w/o Ikhial Zed Shah bearing

CNIC # 17301-19946477 working as CHA 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 |
|------------------------------|----------------|------------------------|---------------------|
| <u>Subhan wali</u> | <u>brother</u> | <u>100%</u> | <u>0308-1477373</u> |
| <u>Zaoina</u> | <u>wife</u> | <u>100%</u> | <u>0302-1477377</u> |

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

| Name of Nominee/ Nominees | Relationship | Specification of Share | Contact Number |
|------------------------------|----------------|------------------------|--------------------|
| <u>Hazra wali</u> | <u>brother</u> | <u>100%</u> | <u>03000590677</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:

6/9/24

SIGNATURE OR THUMB IMPRESSION OF
THE EMPLOYEE

[Signature]
6/9/24