

**Form of Nomination for Death Insurance for CTC Employees**

I Saima Durrani s/d/w/o Iftikhar Khan bearing  
CNIC # 17301 83912282 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
<u>Iftikhar Khan</u>	<u>Husband</u>	<u>50%</u>	<u>0316 640 1032</u>
<u>Afsah, Uniza Ijazid, Rayyan</u>	<u>children</u>	<u>50%</u>	<u>0300 58 59471</u>

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

Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
<u>Saayib Durrani</u>	<u>Brother</u>	<u>100%</u>	<u>0321 9172824 0319 9110990</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:

13-8-24

SIGNATURE OR THUMB IMPRESSION OF  
THE EMPLOYEE

Iftikhar Khan