

Form of Nomination for Death Insurance for CTC Employees

I NIDA s/d/w/o Zaka ullah bearing
CNIC # 1730136843358 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
Zaka ullah	Husband	50%	03333888325
wisam ullah	Son	50%	

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

Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
Umer Zeb	Father	100%	0336 8873126

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:

9-9-2024

SIGNATURE OR THUMB IMPRESSION OF
THE EMPLOYEE

