

Form of Nomination for Death Insurance for CTC Employees

I Muhammad Usman s/d/w/o AJax Khan bearing
 CNIC # 21201-5780304-7 working as A.S. 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>AJax Khan</u>	<u>Father</u>	<u>100%</u>	<u>0333 9497918</u>

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

Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
<u>Yasir Ullah</u>	<u>Brother</u>	<u>100%</u>	<u>0333 8395797</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:

1/10/24

SIGNATURE OR THUMB IMPRESSION OF
 THE EMPLOYEE

[Signature]