

Form of Nomination for Death Insurance for CTC Employees

I Amjad Khan s/d/w/o Fazal Khan bearing CNIC # 21202-1144055-3 working as (HW) 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
Fazal Khan	Father	50%	0304-9480093
Anwer Khan	Brother	50%	0302-2374296

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

Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
Farman Ullah	Brother	100%	03000 942335

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:

07 sep 2024

SIGNATURE OR THUMB IMPRESSION OF
THE EMPLOYEE

[Signature]