

Form of Nomination for Death Insurance for CTC Employees

I Sadam Khan s/d/w/o Roopal Khan bearing CNIC # 21202-7081408-3 working as CHIA 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>Khalida baby</u>	<u>wife</u>	<u>100%</u>	<u>0730-9332292</u>
<u>Sheh yar</u>	<u>son</u>	<u>10%</u>	<u>03485016362</u>

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

Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
<u>Roopal Khan</u>	<u>father</u>	<u>30%</u>	<u>0348501 6362</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:

19/9/2024

SIGNATURE OR THUMB IMPRESSION OF
THE EMPLOYEE

[Signature]