

Form of Nomination for Death Insurance for CTC Employees

I Gul Raz s/d/w/o Gulab bearing

CNIC # 1730163764818 working as CTH hereb

nominate the person/ persons mentioned below who is/ are member(s) of my family & 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
Saqib Khan Son		100 %	0325 9592018
Gulab	Husband	100 %	0329 9387662

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

Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
Gulab	Husband	100 %	0329 9387662

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:

5/9/24

SIGNATURE OR THUMB IMPRESSION OF
THE EMPLOYEE

Gulab