

Form of Nomination for Death Insurance for CTC Employees

I Ikram ulah s/d/w/o Babhyar Khan bearing CNIC # 17301-067940235 working as CTW 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
Naseem bibi	Mother	70 %	0301-5582 867
Lubna bibi	wife	30 %	0301-5582 867

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

Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
Naseema bibi	Mother	100 %	0301-5582 867

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:

23/9/24

SIGNATURE OR THUMB IMPRESSION OF
THE EMPLOYEE

(IK)