

Form of Nomination for Death Insurance for CTC Employees

I Radi, ulJah s/d/w/o Haj wadi bearing

CNIC # 173015434165 working as CTU 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/<br>Nominees | Relationship    | Specification of Share | Contact Number                       |
|------------------------------|-----------------|------------------------|--------------------------------------|
| <u>Haj wadi</u>              | <u>Father</u>   | <u>70</u>              | <u>9403192</u><br><u>03459403192</u> |
| <u>Howa</u>                  | <u>Daughter</u> | <u>30</u>              | <u>03429110380</u>                   |

(In case of death of first choice) - 2<sup>nd</sup> Option

| Name of Nominee/<br>Nominees | Relationship  | Specification of Share | Contact Number     |
|------------------------------|---------------|------------------------|--------------------|
| <u>Haj wadi</u>              | <u>Father</u> | <u>100%</u>            | <u>03459403192</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:

3-9-24

SIGNATURE OR THUMB IMPRESSION OF  
THE EMPLOYEE

[Signature]