

Form of Nomination for Death Insurance for CTC Employees

I Maheeduneh s/d/w/o Subhandedeen bearing

CNIC # 17301-9140969-5 working as CTHW 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
Fozia Bibi	wife	70	03169703690
Subhandedeen	Father	30 30	03169703690

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

Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
Fozia Bibi	wife	100	03169703690

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

Maheeduneh