

Form of Nomination for Death Insurance for CTC Employees

I Shafiullah s/d/w/o AKhtar Muhammad bearing
CNIC # 21202-9223360-9 working as A.S 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.

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(First choice)

Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
<u>AKhtar Muhammad</u>	<u>Father</u>	<u>100 %</u>	<u>0335-9352325</u>

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

Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
<u>Baitullah</u>	<u>Brother</u>	<u>100 %</u>	<u>0332-9159239</u>