

Form of Nomination for Death Insurance for CTC Employees

I Muhammad Kabir s/o SINAB Gul bearing
 CNIC # 21202-1769369-1 working as Area Supervisor 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
Noor Kabir	Brother	90%	0333-8580465
Kalimullah	Brother	10%	0333-0257507

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

Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
Ihsan ullah	Brother	100%	0333-5358716

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:

07-09-2024

SIGNATURE OR THUMB IMPRESSION OF
 THE EMPLOYEE

M Kabir