

Form of Nomination for Death Insurance for CTC Employees

I Said Muhammad s/d/w/o Said Baz Khan bearing
 CNIC # 21201-83271519 working as AS 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
<u>Aisya BiBi</u>	<u>wife</u>	<u>50</u> <u>100 %</u>	<u>0335 85 96167</u>
<u>Hamdan</u>	<u>Son</u>	<u>50</u> <u>100 %</u>	<u>0341 4341675</u>

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

Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
<u>Mehar Taj</u>	<u>Mother</u>	<u>100 %</u>	<u>0332 8860499</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:

06/09/2024

SIGNATURE OR THUMB IMPRESSION OF
 THE EMPLOYEE

