

Form of Nomination for Death Insurance for CTC Employees

I Ab. Rashid, s/d/w/o Salimat shah bearing CNIC # 2120143075239 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>Hidayat shah</u> | <u>Brather</u> | | <u>0333 9796 452</u> |
| | | | |

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

| Name of Nominee/ Nominees | Relationship | Specification of Share | Contact Number |
|---------------------------|----------------|------------------------|---------------------|
| <u>Ahmad</u> | <u>Brather</u> | | <u>0333 4829836</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:

8/9/2024

SIGNATURE OR THUMB IMPRESSION OF
THE EMPLOYEE

