

Form of Nomination for Death Insurance for CTC Employees

I Zubaida s/d/w/o Sabir Ali bearing
CNIC # 17301-6987132-0 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 |
|------------------------------|--------------|------------------------|--------------------|
| <u>Amir Bilal</u> | <u>Si</u> | <u>Full Share</u> | <u>03139021224</u> |

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

| Name of Nominee/ Nominees | Relationship | Specification of Share | Contact Number |
|------------------------------|--------------|------------------------|---|
| <u>1st son</u> | <u>PC</u> | <u>Full Share</u> | <u>0332 8122202</u> <u>03139328256</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:

3.9.2024

SIGNATURE OR THUMB IMPRESSION OF
THE EMPLOYEE

[Signature]