

Form of Nomination for Death Insurance for CTC Employees

I Abhmanav s/d/w/o Shehnel bearing  
CNIC # 17301180 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>Mayam</u>	<u>Daughter</u>	<u>Full Share</u>	<u>0310 9242916</u>

(In case of death of first choice) - 2<sup>nd</sup> Option

Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
<u>Asif</u>	<u>Brother</u>	<u>Full Share</u>	<u>03129125955</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:

31/9/24

SIGNATURE OR THUMB IMPRESSION OF  
THE EMPLOYEE

(Signature)