

Form of Nomination for Death Insurance for CTC Employees

I Fazal Haq s/d/w/o Gul Samand bearing CNIC # 21203.1876801-7 working as A.S 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
Khadija BB	Wife	100 %	03319179191
Halil Ahmad	Son	100 %	03049998892

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

Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
Saidmar Jan	Brother	100 %	0331 9179191

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:

4/9/2024

SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE

Fazal Haq