

**Form of Nomination for Death Insurance for CTC Employees**

I Mohammad Osman s/d/w/o Fazal Dayan bearing  
CNIC # 21202-4169923-3 working as C-H-L 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/<br>Nominees | Relationship   | Specification of Share | Contact Number      |
|------------------------------|----------------|------------------------|---------------------|
| <u>Abid Rehman</u>           | <u>Brother</u> | <u>100%</u>            | <u>0333-9298514</u> |
|                              |                |                        |                     |

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

| Name of Nominee/<br>Nominees | Relationship   | Specification of Share | Contact Number      |
|------------------------------|----------------|------------------------|---------------------|
| <u>Shafeeq ur Rehman</u>     | <u>Brother</u> | <u>100%</u>            | <u>0334-9004514</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:

29-8-24

SIGNATURE OR THUMB IMPRESSION OF  
THE EMPLOYEE

Mohammad Osman