

Form of Nomination for Death Insurance for CTC Employees

I Zareen Khan. s/d/w/o Tealib Khan. bearing

CNIC # 21202-77609367 working as C-H-W 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
Barkat			
Barkat ullah.	Brother	Full	0300 910 4823

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

Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
Muhammad. Maaz	Son	Full	0304 9053952

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:
6/19/24

SIGNATURE OR THUMB IMPRESSION OF
THE EMPLOYEE
Zareen Khan