

Form of Nomination for Death Insurance for CTC Employees

I Muhammad AKram s/d/w/o Bahadur Khan 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
Jahangeer Khan	Brother	Full	0332 600 7619

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

Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
Saad Saqais	Son	Full	0303 894 3054

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:

6/9/2024

SIGNATURE OR THUMB IMPRESSION OF  
THE EMPLOYEE

[Signature]