

Form of Nomination for Death Insurance for CTC Employees

I Youns Khan s/d/w/o Hazrat Shex bearing
CNIC # 21203-5512617-5 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
Allan Shex	Brother	insurance	0334-9490295
Isfan Khan	Brother	insurance	03361156635

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

Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
Faramanullah	Brother	insurance	0332-9889561

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:

9/9/24

SIGNATURE OR THUMB IMPRESSION OF
THE EMPLOYEE

Younis