

Form of Nomination for Death Insurance for CTC Employees

I ASif Khel s/d/w/o Alam Khel bearing
CNIC # 21203-2029731-3 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
M Umay	Son	insurance	03475907550
Alam Khel	father	insurance	03339169050

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

Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
Doo Bibi	Mother	insurance	03051148686

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

AS