

Form of Nomination for Death Insurance for CTC Employees

I Muhammad Jan s/d/w/o Tamash Khan bearing

CNIC # 21203-6862399-1 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
Tamash Khan	Father		0332-9193124
Mahid Khan	Brother		03329989351

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

Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
Rahim Ullah	Brother		0331-9351465

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:

09-09-2024

SIGNATURE OR THUMB IMPRESSION OF  
THE EMPLOYEE