

Form of Nomination for Death Insurance for CTC Employees

I مختیارہ s/d/w/o ولایت مان bearing
CNIC # 17301-4980059-0 working as ع.ح.و 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
ولایت مان	شوهر	50%	03022900046
عزنان	بیٹا	50%	03049440003

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

Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
عزنان نعمان	بیٹا	100%	03049440003

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:

4-9-2024

SIGNATURE OR THUMB IMPRESSION OF
THE EMPLOYEE

Bakhtiar