

Form of Nomination for Death Insurance for CTC Employees

I Neelam Bibi s/d/w/o Adnan Ahmael bearing CNIC # 17301-40477276 working as ALS 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
Adnan Ahmed	Husband زوج	50%	0315-9934763
Khurshida	Mother مادر	50%	0312-8952378

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

Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
Affan	Son پسر	100%	0311-9297877

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:

4.9.24

SIGNATURE OR THUMB IMPRESSION OF  
THE EMPLOYEE

