

Form of Nomination for Death Insurance for CTC Employees

I Naheed Durrani s/d/w/o Ihsanullah Durrani bearing CNIC # 17301-6471831-6 working as As 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
Sania Durrani	Daughter	20%	03339112438
Saad Sultan Durrani	Son	20%	
M. Wasil-e-Rana Durrani	Daughter	20%	
M. Wasilullah Durrani	Son	20%	
Jasra Durrani	Daughter.	20%	

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

Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
Ihsanullah Durrani	Husband	50%	03025548595
Saqibullah Durrani	Brother	50%	03199110990

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:

22-8-24

SIGNATURE OR THUMB IMPRESSION OF
THE EMPLOYEE

