

Form of Nomination for Death Insurance for CTC Employees

I Mah-e-Jabeen s/d/w/o Zafar Khan bearing
CNIC # 1730122203042 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
Abubakkar Sadiq	Son	50	03101555120
M. Mustafa	Son	50	03158784820

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

Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
Huzaiifa Khan	Son	100	03476149848 03189028480

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:

22-8-2024

SIGNATURE OR THUMB IMPRESSION OF
THE EMPLOYEE

Mah-e-Jabeen

22-8-2024