

Form of Nomination for Death Insurance for CTC Employees

I Nasreen Sajjad s/d/w/o Sajjad Hussain bearing
CNIC # 13 30204215 178 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
<u>Sajjad Hussain</u>	<u>Husband</u>	<u>50 %</u>	<u>0322 910 9297</u>
<u>Three Daughters</u>	<u>Daughter</u>	<u>50%</u>	<u>03224281237</u>

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

Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
<u>M. Hussain</u>	<u>Son</u>	<u>50 %</u>	<u>03337032019</u>

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

Alu 22-8-24