

Form of Nomination for Death Insurance for CTC Employees

I Syed Ahmad Shah s/d/w/o Noor Ahmad Shah bearing CNIC # 212039072458-3 working as CTO 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
Fatima bibi	wife	50%	0346 2955482
Noor Ahmad Shah	Father	50%	0306 4965543

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

Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
Waheed Shah	Brother	100%	0341 0305083

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:

9-9-24

SIGNATURE OR THUMB IMPRESSION OF
THE EMPLOYEE

Syed