

Form of Nomination for Death Insurance for CTC Employees

I Naseeb Khan s/d/w/o Azam Ali Khan bearing CNIC # 31203. 601648017 working as C.H.O 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>Reesool Khan</u>	<u>S/o</u>	<u>Depended</u>	<u>0314. 9641 038</u>

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

Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
<u>Muhammad Mustafiz</u>	<u>S/o</u>	<u>Depended</u>	<u>0303 8840047</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:

8/8/2024

SIGNATURE OR THUMB IMPRESSION OF  
THE EMPLOYEE

Naseeb Khan