

Form of Nomination for Death Insurance for CTC Employees

I Khan Muhammad s/d/w/o Said Imran bearing  
CNIC # 21203-4689361 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
Gul Muhammad	Bro		0334-9097063
Said Imran	father		0333-1597693

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

Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
Haji Rahman	Bro		0334-9097063

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:

18-09-2024

SIGNATURE OR THUMB IMPRESSION OF  
THE EMPLOYEE

(Signature)