

Form of Nomination for Death Insurance for CTC Employees

I Abdul Waqar s/d/w/o Sabhi Jan bearing CNIC # 21202-2993202-7 working as CHIA 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
shabina	wife	75%	0305 8501040
M. Sarim	Son		0305 8501040

(In case of death of first choice) - 2<sup>nd</sup> Option

Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
Alif Jan	Brother	25%	0305 1581017

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:

19/9/2024

SIGNATURE OR THUMB IMPRESSION OF  
THE EMPLOYEE

Abdul Waqar