

Form of Nomination for Death Insurance for CTC Employees

I KHIAL ZADA s/d/w/o Humayoun Khan bearing
CNIC # 21203-2845970-3 working as ALS 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
Humayoun Khan-	Father	50 %	03038426192
Nazeerullah	son	50%	03025175734

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

Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
Muhamad Tahir	Brother	50 %	03359025360

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:

15/9/2024

SIGNATURE OR THUMB IMPRESSION OF
THE EMPLOYEE

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