

Form of Nomination for Death Insurance for CTC Employees

I Israr Khan s/d/w/o Usalayat Khan bearing  
CNIC # 17301-29198823-1 working as UCO hereby  
nominate the person/ persons mentioned below who is/ are member(s) of my family &  
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
Abida	Wife	100%	0334-9000662
Horain	Son	100%	0333-0879590

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

Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
Waqas	Son	100%	0345-9084224

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:

5/9/2024

SIGNATURE OR THUMB IMPRESSION OF  
THE EMPLOYEE

[Signature]  
5/9/2024