

Form of Nomination for Death Insurance for CTC Employees

I Musa Kaleem Khan /d/w/o Fida Muhammad Khan bearing

CNIC # 17301-1623119-1 working as UCCO hereby nominate the person/ persons mentioned below who is/ are member(s) of my family a 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
HASSAN Bilal	Son	100%	0313-9147255
SHAHNAZ	wife	100%	4

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

Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
SAAD Bilal	Son	100%	4

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:

05-09-2024

SIGNATURE OR THUMB IMPRESSION OF  
THE EMPLOYEE

