

Form of Nomination for Death Insurance for CTC Employees

I ABDUS SALAM s/d/w/o GTUL Hameed bearing
CNIC # 21201-03164825 working as UCOO at Mastan 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
<u>Noor Salan</u>	<u>Son</u>	<u>100%</u>	<u>0336 9416937</u>

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

Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
<u>M. Agif</u>	<u>Son</u>	<u>100%</u>	<u>0312 9416937</u>

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:

24/8/2024

SIGNATURE OR THUMB IMPRESSION OF
THE EMPLOYEE

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