

Form of Nomination for Death Insurance for CTC Employees

I Shah Rehman s/d/o Muhammad Younas bearing
CNIC # 220339886155 working as UCO 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
Muhammad	Amir Son	100 %	0302 95 36658

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

Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
/	/	/	/

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:

05/09/024

SIGNATURE OR THUMB IMPRESSION OF
THE EMPLOYEE

