

Form of Nomination for Death Insurance for CTC Employees

Awal Saeed ☒ s/o/d/o Nawab Khan bearing

CNIC = 2423-8883283-1 working at UCOD 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
Bassat Bibi	wife	Depended	0332-9396537

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

Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
Lal bahadasi	Brother	Depended	0332-9637575

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

23/Aug/2024

SIGNATURE OR THUMB IMPRESSION OF THE  
EMPLOYEE

[Signature]  
8-2024