

Form of Nomination for Death Insurance for CTC Employees

I Shah Wali Ullah s/o Stana Mir _ bearing

CNIC #2120326612779 working as UCOO 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
Asghar	Brother	100%	0324 9124744
Name of desired person	Spouse	100%	Nil

(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:

02/09/2024

SIGNATURE OR THUMB IMPRESSION OF
THE EMPLOYEE

