

Form of Nomination for Death Insurance for CTC Employees

I MUHAMMAD ISHAQ s/o/s/p MUHAMMAD ALHRAF bearing
CNIC # 17301-5083957-9 working as UCPO 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
Amna bibi	wife	100%	0321-9171478

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

Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
Sudais + Saad	SONS	50% + 50%	0321-9171478

I hereby certify 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

DATE

25/08/24

SIGNATURE OR THUMB IMPRESSION OF
THE EMPLOYEE

25/8/24