

Form of Nomination for Death Insurance for CTC Employees

I Insan Ullah s/d/w/o Abbas Khan bearing
CNIC # 17301-3470116-7 working as UCPO/Regi 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>Bushra</u>	<u>wife</u>	<u>fully</u>	<u>0313 9699195</u>
/	/	/	/

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

Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
<u>Abbas Khan</u>	<u>father</u>	<u>fully</u>	<u>0300 5918732</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:

19/09/2024

SIGNATURE OR THUMB IMPRESSION OF
THE EMPLOYEE

[Signature]