

Form of Nomination for Death Insurance for CTC Employees

I Mirza Jgul s/d/w/o Baderangul bearing
CNIC # 173015-920917-5 working as AS here
nominate the person/ persons mentioned below who is/ are member(s) of my family
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>Firdos Khan Brother</u>		<u>100%</u>	
<u>Amir Jedd Khan Brother</u>		<u>100%</u>	<u>0336091018</u>

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

Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
<u>Zohed Khan</u>	<u>Son</u>	<u>100%</u>	<u>0336091018</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:

5-9-2024

SIGNATURE OR THUMB IMPRESSION OF
THE EMPLOYEE

Mirza Jgul