

Form of Nomination for Death Insurance for CTC Employees

I Humaira s/d/w/o Waqar Khan bearing
CNIC # 1730195007462 working as AS 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
Hashid	Son	50 %	0319911602
Eshal	Daughter	50 %	0319911602

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

Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
Sumai	mother	100 %	0345 9422573

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:

SIGNATURE OR THUMB IMPRESSION OF
THE EMPLOYEE

[Signature]

22/8/2024