

**Form of Nomination For Death Insurance For CTC Employees**

I Muhammad Younis s/o Karim Bux Gadhi bearing CNIC # 45203-5127128-5 working as Data entry Operator 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
Sheereen	Wife	100%	0333-7112050

(In case of death of first choice) - 2<sup>nd</sup> Option

Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
M. Yousaf	Brother	100%	0302-8550859

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

SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE

Dated:

07/10/24

