

Form of Nomination for Death Insurance for CTC Employees

I AZRA BIBI s/d/w/o Javed Khan bearing  
 CNIC # 17301-8892064-y working as C.H.W 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
Javed Khan Father		100%	0302537886
Zulqurnain Brother		900%	83009502994

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

Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
Zulqurnain	Brother	200%	

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: 5-9-24

SIGNATURE OR THUMB IMPRESSION OF  
THE EMPLOYEE

Azra