

Form of Nomination for Death Insurance for CTC Employees

I Robina s/d/w/o Parkiz Khan bearing CNIC # 173010472782-4 working as C.H.W 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
قل صين	آى	100 %	03116828253
ليرى خان	ابو	100 %	03148138402

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

Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
قل صين	آى	100 %	03116828253

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

Robina