

Form of Nomination for Death Insurance for CTC Employees

I Bu Shoaq Rehman s/d/w/o Zahra Rehman bearing

CNIC # 17301-85037616 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
<u>Zahra Rehman</u>	<u>Father</u>	<u>100 %</u>	<u>03018883083</u>
<u>NishaPa</u>	<u>Mother</u>	<u>100 %</u>	<u>-</u>

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

Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
<u>Abdulkhman</u>	<u>Brother</u>	<u>100 %</u>	<u>03018988464</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:

5-9-24

SIGNATURE OR THUMB IMPRESSION OF
THE EMPLOYEE

Bu Shoaq