

Form of Nomination for Death Insurance for CTC Employees

I Zaitoon s/d/w/o \_\_\_\_\_ bearing  
 CNIC # 17301-824386-86 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>سید علی</u>	<u>ONLY</u>	<u>100%</u>	<u>03148139489</u>
<u>سید علی</u>	<u>ONLY</u>	<u>100%</u>	<u>03148139489</u>

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

Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
<u>سید علی</u>	<u>ONLY</u>	<u>100%</u>	<u>03148139489</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

Zaitoon