

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

I M. Arif Kamal s/d/w/o Zakhel bearing  
CNIC # 21201-51899678 working as Community Health Worker 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
<u>Mujahid Khan</u>	<u>Brother</u>	<u>100%</u>	<u>03329161780</u>
<u>Waqar Ahmad</u>	<u>Brother</u>	<u>100%</u>	<u>03110921782</u>

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

Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
<u>Nazala BiBi</u>	<u>Mother</u>	<u>100%</u>	<u>03159776708</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:

SIGNATURE OR THUMB IMPRESSION OF  
THE EMPLOYEE

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