

Form of Nomination for Death Insurance for CTC Employees

I Abdur Razaq s/d/w/o Zab Faqeer bearing
CNIC # 21201-6065806-5 working as CHW 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
Ummat Khela	Wife	8 100 %	0333 8000137
Meenadar Khan	Brother	100 %	0316 9399559

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

Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
Bismillah Jan	Brother	100 %	0346 9193106

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:

28/8/2024

SIGNATURE OR THUMB IMPRESSION OF
THE EMPLOYEE

[Signature]