

Form of Nomination for Death Insurance for CTC-Employees

I Nida Gul s/d/w/o Shahzeb Sajjad bearing CNIC # 17301-7483226-6 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
Shahzeb	Son	100%	0315 8606192
Fiza Noor	Daughter	100%	03415599641
Zonesha	Daughter	100%	

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

Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
Saji Sajjad	Husband	100%	0315-8606122

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: 5-9-2024

SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE

Nida Gul  
5-9-2024