

Form of Nomination for Death Insurance for CTC Employees

I Rahila s/d/w/o W Kamran bearing CNIC # 1730113060100 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
Kamran	Husband	100 %	03099371765
Uzias	SON	100%	No

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

Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
Uzias	SON	100%	03099371765

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

Rahila