

Form of Nomination for Death Insurance for CTC Employees

I Shazia Bibi s/d/w/o تحسین علی bearing

CNIC # 173018679210 working as C-H-W hereb

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
تحسین علی	شوهر	100 %	03239376493
محمد علی	100% بیٹا	100-%	0317 813 29 29

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

Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
لا ایوبہ	بیٹی	100 %	0317 813 29 29

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:

5/19/24

SIGNATURE OR THUMB IMPRESSION OF
THE EMPLOYEE

Shazia