

Form of Nomination for Death Insurance for CTC Employees

I 0519 s/d/w/o husb. bearin

CNIC # 1730131038484 working as CHW hereb  
nominate the person/ persons mentioned below who is/ are member(s) of my family a  
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>ولاء</u>	<u>بھائی</u>	<u>100 %</u>	<u>03195888442</u>
<u>سکندر</u>	<u>بھائی</u>	<u>100 %</u>	<u>03189188482</u>

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

Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
<u>ولاء</u>	<u>بھائی</u>	<u>100 %</u>	<u>03189184804</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:

5-9-2024

SIGNATURE OR THUMB IMPRESSION OF  
THE EMPLOYEE

[Signature]