

Form of Nomination for Death Insurance for CTC-Employees

I Zamirah s/d/w/o Zakir Khan bearing  
CNIC # 17301134036-60 working as CHW  
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
Zakir Khan	شوهر	100 %	03158082831
Sana	بیٹی	100 %	03139392718

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

Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
ياسمين	بیٹی	100 %	03189220716
امان اللہ	بیٹا	100 %	03142060250

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

Zamirah

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