

Form of Nomination for Death Insurance for CTC Employees

I Gulmeena s/d/w/o Zeswali bearing CNIC # 1701-125734803 working as CHW 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
M. Sadiq	بھائی	100 %	03109602093
اطلس سادیق	بابا	100 %	03028813264
			03139954314

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

Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
Zeswali	بہن	100 %	03028813264

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
Gulmeena