

**Form of Nomination for Death Insurance for CTC Employees**

I سید علی سعید s/d/w/o ولید علی سعید bearing  
CNIC # 17301-76093262 working as CHW hereby  
nominate the person/ persons mentioned below who is/ are member(s) of my family as  
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>ولید علی سعید</u>	<u>زوجہ</u>	<u>50%</u>	<u>0318 98 11211</u>
<u>سید علی سعید</u>	<u>پہنچا</u>	<u>50%</u>	<u>0310 91 86967</u>

(In case of death of first choice) - 2<sup>nd</sup> Option

Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
<u>سید علی سعید</u>	<u>زوجہ</u>	<u>100%</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:

22/08/2024

SIGNATURE OR THUMB IMPRESSION OF  
THE EMPLOYEE

سید علی سعید