

Form of Nomination for Death Insurance for CTC Employees

I Sania Babi s/d/w/o Chhaya bearing  
CNIC # 17301-0243404-6 working as C.H.W 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
عبدالحکیم حبیب	شوهر	50%	03477535135
عبیر الہی	بیٹا	50%	

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

Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
جویریہ	بیٹی		03164818142

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:

22/8/24

SIGNATURE OR THUMB IMPRESSION OF  
THE EMPLOYEE

Sania