

Form of Nomination for Death Insurance for CTC Employees

I Ayesha s/d/w/o M. Asadlam bearing CNIC # 17301-59529618 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
Asadlam	husband	50%	03339 557393
Ishrat	mother	50%	0320 863000

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

Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
Fajar-Ishal-Ham	Daughters	100%	0318 9559396

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

Ayesha