

Form of Nomination for Death Insurance for CTC Employees

I Mehrun-nisa s/d/w/o Hameedullah Shah bearing CNIC # 17301-6156838-4 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
Tanzeela Shah	Daughter	100%	03359407765
Hooria Shah	Daughter	50%	03315241373

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

Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
Aizaz Ullah Shah	Son	25%	03462000046
Iqra Shah	Daughter	50%	0316-9594651

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:

27.08.2024

SIGNATURE OR THUMB IMPRESSION OF
 THE EMPLOYEE

MNS