

Form of Nomination for Death Insurance for CTC Employees

I Imrana s/d/w/o قمر شہزاد bearing
CNIC # 1730175771354 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 |
|------------------------------|--------------|------------------------|----------------|
| قمر شہزاد | شوہر | 50% | 03159090233 |
| محمد رومان | بیٹا | 50% | 03189984847 |

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

| Name of Nominee/ Nominees | Relationship | Specification of Share | Contact Number |
|------------------------------|--------------|------------------------|----------------|
| قمرین شہزاد | بیٹی | 100% | 03029081121 |

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:

13-8-2024

SIGNATURE OR THUMB IMPRESSION OF
THE EMPLOYEE

Imrana