

Form of Nomination for Death Insurance for CTC Employees

I Uzair Ahmad s/d/w/o Zafar Khan bearing

CNIC # 17301-7374206-1 working as Community Health Worker 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/<br>Nominees | Relationship   | Specification of Share | Contact Number      |
|------------------------------|----------------|------------------------|---------------------|
| <u>Mohammad Umar</u>         | <u>Brother</u> | <u>100</u>             | <u>0316-9575836</u> |
| <u>Sara Allah</u>            | <u>Brother</u> | <u>100</u>             | <u>0315-9050669</u> |

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

| Name of Nominee/<br>Nominees | Relationship  | Specification of Share | Contact Number      |
|------------------------------|---------------|------------------------|---------------------|
| <u>Zafar Khan</u>            | <u>Father</u> | <u>100</u>             | <u>0313-9924905</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:

3-9-2024

SIGNATURE OR THUMB IMPRESSION OF  
THE EMPLOYEE

Uzair Ahmad