

Form of Nomination for Death Insurance for CTC Employees

I Ambreen s/d/w/o Fareedullah bearing CNIC # 1730113242856 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
<del>Hum</del>			
Humaira	Sister	50%	03
Mehreen	Sister	50%	03

(In case of death of first choice) - 2<sup>nd</sup> Option

Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
0314 92 47037	Husband	100%	0314 9247037

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

Ambreen