

Form of Nomination for Death Insurance for CTC Employees

I Kaint s/d/w/o Saf. Ali bearing CNIC # 17301-0757596-0 working as C.H.W 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
Sadaam Hussein	Bother	50%	03149303428
Abdullah Mageed	MAMU	50%	03125993250

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

Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
Aysha	Daughter	100%	03139056307

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

Kaint