

Form of Nomination for Death Insurance for CTC Employees

I Sabira Begum s/d/w/o Kirammat Khan bearing CNIC # 17301-96854184 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
Kirammat Khan	Husband	50%	0302 5834855
Hamza	Son	50%	0310 8593456

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

Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
Iqra	Daughter	100%	0310 8593456

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:

5.9.2024

SIGNATURE OR THUMB IMPRESSION OF
THE EMPLOYEE

Sabira Begum