

Form of Nomination for Death Insurance for CTC Employees

I AFsheengul s/d/w/o M. Nazir Khan bearing CNIC # 17301-723493-4 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
M. Nazir Khan	Father	50%	0306-5798316
Rasyat	Mother	50%	-

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

Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
Waqas Khan	Brother	100%	0304-9422059

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

AFsheengul