

Form of Nomination for Death Insurance for CTC Employees

I Rugia munez s/d/w/o M. Ilyas bearing
CNIC # 17301-21647202 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. Ilyas	Husband	50%	0310 11 86370
Abu huxra	Son	50%	0315 3393385

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

Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
Basira	Daughter	100%	0310 11 86370

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

Rugia