

Form of Nomination for Death Insurance for CTC Employees

I Rehana Tabssum s/d/w/o Aurangzeb bearing
CNIC # 1730114319028 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. Hassan	بی بی	50%	03149147544
Aurangzeb	شوهر	50%	03149147544
Ahanal Zehab	بی بی	100%	03149147544

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

Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number

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:

2/9/2024

SIGNATURE OR THUMB IMPRESSION OF
THE EMPLOYEE

(R)