

Form of Nomination for Death Insurance for CTC Employees

I SHUOKAT ICHAN s/d/w/o ICHAN ICAREEM bearing
 CNIC # 212011573520-5 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 |
|------------------------------|----------------|------------------------|--------------------|
| <u>ICHAN WALI</u> | <u>BROTHER</u> | <u>100%</u> | <u>03369722865</u> |

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

| Name of Nominee/ Nominees | Relationship | Specification of Share | Contact Number |
|------------------------------|--------------|------------------------|--------------------|
| <u>ASIF ICHAN</u> | <u>II</u> | <u>100%</u> | <u>03365072381</u> |

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:

2/9/24

SIGNATURE OR THUMB IMPRESSION OF
 THE EMPLOYEE

[Signature]