

Form of Nomination for Death Insurance for CTC Employees

I نادیہ s/d/w/o خیال میر bearing
CNIC # 17301-18627301 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
شادیہ	ماں	100%	0317974276
شکیلہ	بھانجی	100%	

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

Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
شادیہ	ماں	100%	03179742746

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

نادیہ