

Form of Nomination for Death Insurance for CTC Employees

I AYUB SHAH s/d/w/o S. CAJAN bearing CNIC # 77301-14874927 working as CHW hereby nominate the person/ persons mentioned below who is/ are member(s) of my family & 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
Rahida	wife	100%	0318-8959511
Ashhad ali	Son	100%	<del>0311 8959511</del> 0311 8959511

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

Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
TONEER SHAH	BROTHER	100%	0345-9034563

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

