

Form of Nomination for Death Insurance for CTC Employees

I SAIRA s/d/w/o Jahanzeb bearing CNIC # 1730195817050 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
JAHANZEB	FATHER	50%	0332 9042 651
GULSAIRA	MOTHER	50%	

(In case of death of first choice) - 2<sup>nd</sup> Option

Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
FATMA	Daughter	100%	0313 17 46 198

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: 4/9/2024

SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE

Saira