

Form of Nomination for Death Insurance for CTC Employees

I NISARKHAN s/d/w/o SHER ZAMAN bearing  
CNIC # 173013996587-1 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/<br>Nominees | Relationship   | Specification of Share | Contact Number      |
|------------------------------|----------------|------------------------|---------------------|
| <u>KHAN ZAMAN</u>            | <u>Brother</u> | <u>100 %</u>           | <u>0301 5939966</u> |

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

| Name of Nominee/<br>Nominees | Relationship    | Specification of Share | Contact Number       |
|------------------------------|-----------------|------------------------|----------------------|
| <u>Fareeha</u>               | <u>Daughter</u> | <u>100 %</u>           | <u>0313 98 98860</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:

6/9/24

SIGNATURE OR THUMB IMPRESSION OF  
THE EMPLOYEE

Nisarkhan