

Form of Nomination for Death Insurance for CTC Employees

I عبدی اسر s/d/w/o عمر اسر bearing
CNIC # 17301-2116258-2 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
عبد الرحيم	بيٹا	35%	03119671361
عبد الحفيظ	بيٹا	35%	03119671361

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

Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
الولي	بيٹا	30%	03119671361

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:

22-8-24

SIGNATURE OR THUMB IMPRESSION OF
THE EMPLOYEE

Schiller