

Form of Nomination for Death Insurance for CTC Employees

I صبرین s/d/w/o نور علی bearing
CNIC # 17301-80842424 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
نور علی	شوهر	100%	0315-5969325
ویہ امر	بیٹا	100%	

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

Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
صبرین	بیٹا	100%	0315-5969325

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

(M)