

**Form of Nomination for Death Insurance for CTC Employees**

I زینبہ s/d/w/o یعقوب خان bearing  
CNIC # 1730413737332 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>امان اللہ</u>             | <u>ہائے</u>  | <u>100 %</u>           | <u>03349017097</u> |
|                              |              |                        |                    |

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

| Name of Nominee/<br>Nominees | Relationship | Specification of Share | Contact Number |
|------------------------------|--------------|------------------------|----------------|
|                              |              |                        |                |
|                              |              |                        |                |

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:

10-8-2024

SIGNATURE OR THUMB IMPRESSION OF  
THE EMPLOYEE

زینبہ