

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

I Fida Muhammad s/d/w/o Latif Khan bearing

CNIC # 2120279312237 working as CHW

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
Faryal Khan	Daughter		03345343445

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

Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
Faizan Khan	Son		+92303 8991692

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:

16/09/2024

SIGNATURE OR THUMB IMPRESSION OF  
 EMPLOYEE

