

Form of Nomination for Death Insurance for CTC Employees

I Payveen Bano s/d/w/o محمد ریاض bearing
CNIC # 1730190616198 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
محمد ریاض	شوہر	50	03339277008
حارث	بیٹا	50	03139050453

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

Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
حارث	بیٹا	100	03139050453

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:

4/9/24

SIGNATURE OR THUMB IMPRESSION OF
THE EMPLOYEE

Payveen Bano