

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

I سبا s/d/w/o فالد جواد bearing

CNIC # 1730112526502 working as C.H.W 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
فالد جواد	شوهر	50 %	0333 9356176
موسى	سبا	50	

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

Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
منا بوزر	بيٹا	500	0314 9356176

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:

28.8.24

SIGNATURE OR THUMB IMPRESSION OF  
THE EMPLOYEE

سبا