

Form of Nomination for Death Insurance for CTC Employees

I Samina s/d/w/o Safdar Khan bearing CNIC # 17301-4764890-4 working as Community Health worker 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
<u>Safdar Khan</u>	<u>Father</u>	<u>100%</u>	<u>0321-9039533</u>

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

Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
<u>Safdar Khan</u>	<u>Father</u>	<u>100%</u>	<u>0321-9039533</u>

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:

4/10/24

SIGNATURE OR THUMB IMPRESSION OF
THE EMPLOYEE

Samina