

Form of Nomination for Death Insurance for CTC Employees

I Zair Ahmad s/d/w/o Khan Muhammad. bearing CNIC # 21203-4080736-9 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      |
|---------------------------|---------------|------------------------|---------------------|
| <u>Khan Muhammad.</u>     | <u>Father</u> | <u>100%</u>            | <u>0305-9431721</u> |
| <u>Zarka bibi</u>         | <u>Mother</u> | <u>100%</u>            |                     |

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

| Name of Nominee/ Nominees | Relationship | Specification of Share | Contact Number      |
|---------------------------|--------------|------------------------|---------------------|
| <u>Shah Zib Khan</u>      | <u>son</u>   | <u>100%</u>            | <u>0305-9431721</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:

03-09-2024

SIGNATURE OR THUMB IMPRESSION OF  
THE EMPLOYEE

Zair Ahmad