

Form of Nomination for Death Insurance for CTC Employees

I Sabeeda s/d/w/o bakhtiar Ali bearing CNIC # 17301-3823627-0 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
<u>bakhtiar Ali</u>		<u>60%</u>	<u>6300 5999487</u>
<u>Sana ullah</u>		<u>40%</u>	<u>0300-9326900</u>

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

Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
<u>Fatmeen mother</u>	<u>100%</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:

6-9-24

SIGNATURE OR THUMB IMPRESSION OF
THE EMPLOYEE

Sabeeda