

Form of Nomination for Death Insurance for CTC Employees

I Anwar ul has s/d/w/o Abdul Hanan bearing

CNIC # 1730-2803929-7 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>Ibrar ul has</u>	<u>Brother</u>	<u>50%</u>	<u>0318 9899194</u>
<u>Hadiq</u>	<u>wife</u>	<u>50%</u>	<u>0312 512 6758</u>

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

Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
<u>Tasbi Hullah</u>	<u>Brother</u>	<u>100%</u>	<u>0318 9847 948</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:

6-9-2024

SIGNATURE OR THUMB IMPRESSION OF
THE EMPLOYEE

[Signature]