

Form of Nomination for Death Insurance for CTC Employees

I Khadia Bibi s/d/w/o Abdur Rashid bearing CNIC # 17301-6858070-6 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
Abdur Rashid	Father	50	0313-088609
Mahzar	Brother	50	

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

Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
JHAMAL	Husband	40	0300-5945775

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

[Signature]