

Form of Nomination for Death Insurance for CTC Employees

I Zehiya fazal s/d/w/o fazal Rabi bearing

CNIC # 17301-5835480-2 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
Shakdat Bigam	Mother	70 %	03320700846
Fazal Rabi	Father	30 %	03279049630

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

Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
Shakdat Bigam	Mother	100 %	03320700846

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:

3-9-24

SIGNATURE OR THUMB IMPRESSION OF
THE EMPLOYEE

Zehiya