

Form of Nomination for Death Insurance for CTC Employees

I Anif Hussain s/d/w/o shahzad gul bearing CNIC # 17301-20636015 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
700 نسيم	بی	20	03015031351
باسم	بی	30	03015031351 03079261595 03015031351

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

Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
باسم	بی	100	0301-5031351

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

Anif Hussain