

Form of Nomination for Death Insurance for CTC Employees

I M zabria s/d/w/o Qadar zeuf bearing
CNIC # 173018525065 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
Qadar zeuf	Father	70%	08490599866
Babri bibi	Mother	30	"

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

Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
Babri Bibi	Mother	100	0849-0599866

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:

8-9-2024

SIGNATURE OR THUMB IMPRESSION OF
THE EMPLOYEE

