

Form of Nomination for Death Insurance for CTC Employees

I Muzaffar Ullah s/d/w/o Muzaffar Khan bearing

CNIC # 17301 5825 8831 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
منازہ خان	سہیلی	70	0300-5910659
سہیلی	سہیلی	30	0300-5910659

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

Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
منازہ خان	100	100	0300-5910659

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

Muzaffar Khan