

Form of Nomination for Death Insurance for CTC Employees

I, Rashid Khw s/d/w/o Raees Kh bearing  
 CNIC # 17301-35091657 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
Fazia bibi	wife	70%	0303-9355168
Raees Kh	Father	30%	0315 8324 858

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

Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
Fazia bibi	wife	100%	0303-9355168

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:

3/9/2024

SIGNATURE OR THUMB IMPRESSION OF  
THE EMPLOYEE

Rd