

Form of Nomination for Death Insurance for CTC Employees

I Zia ul Rehman s/d/w/o Jamal Khan bearing CNIC # 17301-980601-9 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
Jamal Khan	Father	70%	0301 2525003
Sheeno Bibi	Mother	30%	0301 2525003

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

Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
Faizal Rehman	Brother	100%	0301 2525003

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

Zia ul Rehman