

Form of Nomination for Death Insurance for CTC Employees

I Aashad Afzal s/d/w/o Fazle Dayan bearing  
 CNIC # 173019052416-7 working as C.H.W 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
<u>Fazle Dayan</u>	<u>Father</u>	<u>70%</u>	<u>0331 9149693</u>
<u>Isoal Afzal</u>	<u>Brother</u>	<u>30%</u>	<u>0331 9149693</u>

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

Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
<u>Fazle Dayan</u>	<u>Father</u>	<u>100%</u>	<u>03319149693</u>

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

(Signature)