

Form of Nomination for Death Insurance for CTC Employees

I Amir Zeb s/d/w/o Mamoor Khan bearing CNIC # 17301-74516775 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
Jamila Bibi	Mother	70	0307-5669550
Amir Mubeen Khan	Brother	30	0307-5669550

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

Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
Jamila Bibi	Mother	100%	0307-5669550

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

Amir Zeb