

Form of Nomination for Death Insurance for CTC Employees

I Muhammad Tabia s/d/w/o Yar wali Boz bearing CNIC # 17301-9501123-1 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
Yar wali Boz	Father	70%	0344 911 8762
Elma	wife	30%	0344 911 8762

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

Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
Faiz Muhammad	Brother	100%	0344-9118762

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:

3/09/2024

SIGNATURE OR THUMB IMPRESSION OF
THE EMPLOYEE

Tabia