

Form of Nomination for Death Insurance for CTC-Employees

I SAFIYA s/d/w/o M. Raza bearing
CNIC # 17301 2621922-4 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
Akmal Raza	Son	70	03130094038
M. Nayaf	Son	30	03130094038

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

Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
M. Nayaf	Son	100	03130094038

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

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