

**Form of Nomination for Death Insurance for CTC Employees**

I Kaptan Gul s/d/w/o Atta Hussain bearing CNIC # 21201-8997848-1 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 |
|---------------------------|--------------|------------------------|----------------|
| Bakht pari                | mother       | 100%                   | 0307 71 35 355 |
|                           |              |                        |                |

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

| Name of Nominee/ Nominees | Relationship | Specification of Share | Contact Number |
|---------------------------|--------------|------------------------|----------------|
| Rabzia                    | wife         | 100%                   | 0301 2444931   |
|                           |              |                        |                |

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:

5/9/2024

SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE

