

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

I Hayet Khan s/d/w/o Muzafar bearing CNIC # 2204 9177229-7 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
<u>Hikmat Khan</u>	<u>Brother</u>	<u>100%</u>	<u>0304 5053386</u>

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

Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
<u>Muzafar</u>	<u>Father</u>	<u>100%</u>	<u>0302 9138472</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:

5/9/2024

SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE

