

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

I Khalig Shah s/d/w/o Dilbar Khan bearing CNIC # 21204 9165727-5 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
	<del>wife</del>	<del>100%</del>	<del>0303 0995677</del>
<u>Zib ul Nisa</u>	<u>wife</u>	<u>100%</u>	<u>0303 099 5677</u>

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

Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
<u>Islam Bibi</u>	<u>Mother</u>	<u>100%</u>	<u>0312 813472</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

Khalig Shah