

Form of Nomination for Death Insurance for CTC Employees

I Amin akbar s/d/w/o Wazir akbar bearing

CNIC # 21202-3762752-1 working as C.H.W hereby
 nominate the person/ persons mentioned below who is/ are member(s) of my family or
 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>Wazir Akbar</u>	<u>Father</u>	<u>full</u>	<u>0312-8334629</u>

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

Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
<u>M. Anas</u>	<u>son</u>	<u>full</u>	<u>0303-8334629</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:

6.9.2024

SIGNATURE OR THUMB IMPRESSION OF
 THE EMPLOYEE

Amin