

Form of Nomination for Death Insurance for CTC Employees

I Ziauddin s/d/w/o Shasafudin bearing
CNIC # 21203-8040318-3 working as Community health worker 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>Sharaza</u>	<u>wife</u>	<u>70 %</u>	<u>0302-8887733</u>
<u>Mustafa</u>	<u>Son</u>	<u>30 %</u>	<u>0306-9322762</u>

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

Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
<u>Yousra</u>	<u>Daughter</u>	<u>100 %</u>	<u>0302-8887733</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:

10/9/2024

SIGNATURE OR THUMB IMPRESSION OF
THE EMPLOYEE

Ziauddin