

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

I Rabia s/d/w/o Israr Muhammad bearing CNIC # 1730195381254 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 |
|---------------------------|--------------|------------------------|----------------|
| Israr MUH                 | Father       | 50 %                   | 03159519818    |
| Sharafat bibi             | Mother       | 50 %                   | -              |

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

| Name of Nominee/ Nominees | Relationship | Specification of Share | Contact Number |
|---------------------------|--------------|------------------------|----------------|
| Israr Muh                 | Brother      | 100 %                  | 03159519818    |

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:

4/9/24

SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE

Rabia