

Form of Nomination for Death Insurance for CTC Employees

I Abid Ali Muhammad s/d/w/o Far Man bearing  
CNIC # 21203-23987397 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
Abid Ali	Son	50 %	0334-5516633
Far Man	Son	50 %	0331 2323081

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

Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
Amjad Ali	Son	100 %	0332 5516633

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:

15-9-2024.

SIGNATURE OR THUMB IMPRESSION OF  
THE EMPLOYEE

[Signature]