

Form of Nomination for Death Insurance for CTC Employees

I Miriam Shah s/d/w/o Basan Khan bearing  
CNIC # 21203-4015186-3 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
<u>Basan Khan</u>	<u>Father</u>	<u>Full 50%</u>	<u>0335-5894168</u>
<u>Fardose Miram</u>	<u>Son</u>	<u>Full 50%</u>	<u>0335-5894168</u>

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

Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
<u>M. Farhan Miram</u>	<u>Son</u>	<u>Full 50%</u>	<u>0335 5894168</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:

18-9-024

SIGNATURE OR THUMB IMPRESSION OF  
THE EMPLOYEE

Miriam Shah