

Form of Nomination for Death Insurance for CTC Employees

I Alamzeb s/d/w/o Naiiz Ameen bearing
CNIC # 21203 9220 565-9 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>ILhaam</u>	<u>Son</u>	<u>100 %</u>	<u>0347 9871025</u>

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

Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
<u>/</u>	<u>/</u>	<u>/</u>	<u>/</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:

05.09.0024

SIGNATURE OR THUMB IMPRESSION OF
THE EMPLOYEE

[Signature]