

Form of Nomination for Death Insurance for CTC Employees

I Kinaj Khan s/d/w/o Aslam Khan bearing
CNIC # 21203.4899769.9 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
Aslam Khan	Father	100%	0341 444 2705
M. Tayyab	Son	100%	0330 8080684

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

Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
M. Aqib	Son	100%	0300 4046 404

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:

09-09-2024

SIGNATURE OR THUMB IMPRESSION OF
THE EMPLOYEE

Kinaj Khan