

Form of Nomination for Death Insurance for CTC Employees

I Ali Sher Fida s/d/w/o Ander Sher bearing  
CNIC # 21203-8433066-7 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
Ahmad Sher	Brother	100%	03366003598
Gul Sherina	Mother	100%	0336 9039 800

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

Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
Wahida bibi	Wife	100%	0332 9022 558

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:

15-09-2024

SIGNATURE OR THUMB IMPRESSION OF  
THE EMPLOYEE

(A Sher)