CHIP TRAINING & CONSULTING

## Form of Nomination for Death Insurance for CTC Employees

I __USMAN KHAN__ s/d/w/o __Yar Jan__ bearing CNIC # __21203 4364977-3__ working as __C.H.W__ 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 |
|---|---|---|---|
| Saima | Wife | 100% | 0323 0195410 |
|  |  |  |  |

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

| Name of Nominee/ Nominees | Relationship | Specification of Share | Contact Number |
|---|---|---|---|
| Hammad | Son | 100% | NIL |

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:

12/9/2024

SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE

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