

Form of Nomination for Death Insurance for CTC Employees

I, Amanat Khan s/d/w/o Raza Gul bearing

CNIC # 21202-4456467-1 working as polio Eradication (Uepo) 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>Raza Gul</u>	<u>Father</u>	<u>40 %</u>	<u>0331 3737 625</u>
<u>wife /o</u>	<u>Amanat Khan</u>	<u>60 %</u>	<u>0333 076 8400</u>

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

Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
<u>Waheed Khan</u>	<u>Brother</u>	<u>100 %</u>	<u>0334 9012874</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:

29/8/2024

SIGNATURE OR THUMB IMPRESSION OF THE
EMPLOYEE

Amanat