

Form of Nomination for Death Insurance for CTC Employees

I, Madiyam s/d/w/o Sajid, bearing CNIC # 17301-2035099-6 working as CHW nominate the person/ persons mentioned below who is/ are member(s) of my family & 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
Sajid	Husband	100%	0303-8535029
Hanan	SON	100%	"

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

Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
ANfal	daughter	100%	0303-8535029

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:

6/9/24

SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE

Madiyam