

Form of Nomination for Death Insurance for CTC Employees

I Shahbaz Bibi s/d/w/o Jamil bearing
CNIC # 1730153944752 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
Mole2.48 Rehman	SUN	100 %	0312 70007383 0336
Jamil	Hasband		03340060016

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

Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
جیل الرحمن	شوهر	100 %	03340060016

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:

13-8-24

SIGNATURE OR THUMB IMPRESSION OF
THE EMPLOYEE

Shi - 13. 8. 24