

Form of Nomination for Death Insurance for CTC Employees

I Muhammad Nabbi s/d/w/o Muhammad ayub bearing CNIC # 21203-64158119 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
Muhammad ayub	father	100	03352983931
Haji Muhammad	Brothers	100	03125959030

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

Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
Saba Bibi	wife	100	0302-5422721

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:

3-9-2024

SIGNATURE OR THUMB IMPRESSION OF
THE EMPLOYEE

M Nabbi