

Form of Nomination for Death Insurance for CTC-Employees

I Bazna s/d/w/o Mukhtaj Gul bearing
 CNIC # 19301-46300-93-4 working as C.H.W heret
 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
Mukhtaj Gul	Fathered	100%	0346-9438299
Bakhtaj Gul	brother	100%	"

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

Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
M. Sudais	brother	100%	0346-9438299

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:

06/19/2024

SIGNATURE OR THUMB IMPRESSION OF
THE EMPLOYEE

Bazna