

Form of Nomination for Death Insurance for CTC Employees

I Anbreen s/d/w/o Feroz Shah bearing CNIC # 1730152848062 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      |
|---------------------------|---------------|------------------------|---------------------|
| <u>Khatoon BiBi</u>       | <u>Mother</u> | <u>40%</u>             | <u>03149625047</u>  |
| <u>Mehreen BiBi</u>       | <u>sister</u> | <u>30%</u>             | <u>0311 5654316</u> |

(In case of death of first choice) - 2<sup>nd</sup> Option

| Name of Nominee/ Nominees | Relationship   | Specification of Share | Contact Number     |
|---------------------------|----------------|------------------------|--------------------|
| <u>Farooq Shah</u>        | <u>Brother</u> | <u>30%</u>             | <u>03029063357</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:

3/September/2024

SIGNATURE OR THUMB IMPRESSION OF  
THE EMPLOYEE

Anbreen