

Form of Nomination for Death Insurance for CTC Employees

I Salma Shaheen s/d/w/o M. Asad Mughal bearing CNIC # 17301-1258933-4 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
M. Asad Mughal	Husband	25%	0310 5955448 9311 9111492
Abdul Rafay	Son	25%	Nil

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

Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
Bisma Mughal	Daughter	25%	Nil
Abdul Rafay	Son	25%	Nil
Meeza Fatima	Daughter	25%	Nil

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:

22/8/24

SIGNATURE OR THUMB IMPRESSION OF
THE EMPLOYEE

Salma Shaheen