

[CTC – HRO – PTPP – Recruitment & Selection – 7.8.5-c-061] [Insurance Nomination form– June 2024]

Form	_		:
form of N	omination for D	eath Insurance for CT	CEmployees
I Basas Api		D 1011	Laupioyees
I Basas Aci CNIC # 2/209-325 nominate the person/ per	L401-7	d/w/o_Badsher	1 Khan bearing
nominate the person/ no	8 / 4	working as	horolore
beneficiary(ies) to receive the	mentioned	below who is/ are	member(s) of my family as
beneficiary(ies) to receive the	ie death insurance	amount (sum assured) ii	n the event of my death
_	(1)	rst choice)	and of my death.
Name of Nominee/	Relationship	Specification of Share	
Nominees	and the state of t	opechication of Share	Contact Number
Bad Sheh Khan	11		
oud oneh Khan	Father	100%	03009154880
	(In case of door -	6 *	
NI	Cape of cleam of	first choice) - 2nd Option	n .
Name of Nominee/	Relationship	Specification of Share	
Nominees		opecification of Snare	Contact Number
6 - 10		•	•
Jahan Zaib	Brother		
	Out (NO)	100%	.0302 5586631
T 1 4			
I hereby certified that the abome.	ve noted member(s	of my fam: 1	
me.	, and a second	of my family mentioned	d are wholly dependent upon
The earlier pomination		* * * * * * * * * * * * * * * * * * *	*
The earlier nomination made	by me (if any) may	kindly be treated as car	ocalled on a control
		,	icelied and of no effect
	The same of the sa		
DATED:	SIGNATURE OR THUMB IMPRESSION OF		
THE EMPLOYEE			
11/107/2024		B	1