

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

Form of N	omination for D	eath Insurance for CT	C Employees
I Jamal khan	s/	d/w/o_Bakhtia	khan bearing
CNIC # 14301-658	9637-1	www.i.t.	bearing
nominate the person/ pe	ersons mentioned	_ working as	hereby
beneficiary(ies) to receive the	ne death incurance	below who is/ are r	nember(s) of my family as
beneficiary(ies) to receive the	ic death hisurance	amount (sum assured) ir	the event of my death.
	(F	irst choice)	
Name of Nominee/	Relationship	Specification of Share	Compact NI
Nominees	. 1	operated of State	Contact Number
Abdul Basit	Son	100%	03330726342
	(In case of death o	of first choice) – 2 nd Option	n
Name of Nominee/	Relationship	Specification of Share	Contact Number
Nominees			Contact Ivanibei
Zalikha bibi	Wife	100%	03275730688
Lainny Didi	Wei / C	100%	03213130000
*			
I hereby certified that the abome.	ove noted member	(s) of my family mentione	d are wholly dependent upon
The earlier nomination mad	e by me (if any) ma	ay kindly be treated as ca	ncelled and of no effect
	Ď, *		
		SIGNATURE OR 7	THUMB IMPRESSION OF
DATED:	3	THE	EMPLOYEE
5.9.2024	€,		JA-6