

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

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Towns Chr. 3			
Form of Nomination for Death Insurance for CTC Employees			
I_ Rizulan u	lala	OMI	Com Rason bearing
wall ul	s/	d/w/obul	cum Kasoo bearing
CIVIC # 2/201-) 52	122-4	YIYOMI.	7 / / i.k i i
nominate the person/ per	rsons mentioned	below who :-/	HVI (Calanga) 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.			
in the event of my death.			
	(F	irst choice)	
Name of Nominee/			
Nominees	Relationship	Specification of Share	Contact Number
rvoitmiees			
	1		
Nasrat Muhammac	Ruck		
THE THE PARTY OF T	Drother	1007.	03059417280
	1		
(In case of death of first choice) -2^{nd} Option			
Name of Nominee/	T		
Nominees	Relationship	Specification of Share	Contact Number
Trondices		10	
Zabar ullah	D	1. \	
1000/1911 011001	Brother	100%.	0333 5211253
	li s		
I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon			
me.		, and a management of the	d are whony dependent upon
771			
The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect			
,	i.		
	SIGNATURE OR THUMB IMPRESSION OF		
DATED:	SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE		