

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

	€		
Form of No	omination for D	eath Insurance for CTC	771
I Abdul Amir		1/1/2010/10/10/10/10/10/10/10/10/10/10/10/10/	Employees
010 1 000	s/	d/w/o_ADey	Shah bearing
CIVIC# 21201-332	8247-3	THOUTING OF CHILL	11/21. 11 0
nominate the person/ per beneficiary(ies) to receive the	sons mentioned	below who is/ are m	hereby
beneficiary(ies) to receive the	e death insurance	amount (sum assured) in	the executed my family as
		/	are event of my death.
	(F:	irst choice)	
Name of Nominee/	Relationship	Specification of Share	Contact Number
Nominees	1	T	Contact Number
muhammad wasim	1502	1 -1 0/	
Manimieray Masilii	10011	100%.	0331-88/4285
	I I	4 ()	
,			
	in case of death o	f first choice) – 2 nd Option	
Name of Nominee/	Relationship	Specification of Share	Contact Number
Nominees		of sometion of phase	Comact Number
		1	
	ii s		
I hereby certified that the above	ve noted member(s) of my family mantianed	1 11 1
me.		of the family intermoned	are wholly dependent upon
The earlier nomination made	by me (if any) ma	y kindly be treated as can	celled and of no effect
7			
		SIGNATURE OR TH	HUMB IMPRESSION OF
ATED: THE EMPLOYEE			
2/09/2021	1,		ARd Warn
1/2024	2		The state of the s