

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

Form of N	Nomination for	Death Insurance for (
I Abida Bag		Insurance for (CTC Employees	
9	EL IA	S/d/w/2 12 1		
nominate the porce /	VI A	working as	11.11	
beneficiary(ies) to receive the	ne death incurre	d below who is/ are	member(s) of member (s)	
	This uranc	e amount (sum assured)	in the event of my death	
	(First choice)	any deadl.	
Name of Nominee/	Relationship			
Nominees		Specification of Sha	re Contact Number	
7-1				
Zahoon Ahamad	husband	100		
	0.000	100	03219653793	
	E IE			
(In case of death o	f first choice) - 2nd Optic	200	
9311111166	Relationship	C in	on .	
Nominees	- Lacining	Specification of Share	Contact Number	
M. Ibrahim	SON	las		
	il bai	100	03139371649	
I hereby certified that the above me.	noted 1			
me.	rioted member(s) of my family mentioned	d are wholly dependent	
The earlier nomination	7	2 5 4 4	- dependent upon	
made b	y me (if any) may	kindly be treated as car	Ocelled and at	
The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect				
		*		
DATED:		SIGNATURE OR THUMB IMPRESSION OF		
Abiden Basum			THE EMPLOYEE	
Dagum		Ahielo 1	0 - 0	