

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

Form of N	omination for I	Death Insurance for Cm	
I HABIBICH	IAN	Death Insurance for CTO/d/w/o M- Jeho	C Employees
1701011	1131 V S,	/d/w/oM-Jeho	mg 18
CIVIC # 17 307 - 78	0.554 X - +		1.4
nominate the person/ pe	rsons mentioned	below who is/	nember(s) of my family as
beneficiary(ies) to receive th	e death insurance	amount (sum assured) in	nember(s) of my family as
			the event of my death.
	(F	first choice)	
Name of Nominee/	Relationship	Specification of Share	
Nominees		- Familiari of Strate	Contact Number
m-Jehanging Shalceel mmod	Faller	1.0%	
b. 1. 10021042		100%	8333-2096275
ora cee an mas	Brother	100%	0332-9698772
			0-3- (010 772
	In case of death o	f first shair \ 2 \ 10	
	arease or deam o	f first choice) – 2 nd Option	
Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number
Nonlinees		- 14-1	
^ \	- 101		
Alamaleb	Brower	100%	1200,0200
			0302885574
hereby certified that the al-			
hereby certified that the above ne.	e noted member(s	s) of my family mentioned	are wholly dependent upon
The earlier nomination made b	y me (if any) may	y kindly be treated as cand	celled and of no effect
			and of no circle
DATED: SIGNATURE OR THUMB IMPRESSION THE EMPLOYEE			HUMB IMPRESSION OF
519124			