

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

Form of Nomination for Death Insurance for CTC Employees

Death Insurance for CTC Employees			
I Ajmal Khan s/d/w/o 1khtiar Gul bearing			
s/a/w/o IRnticiv Gul bearing			
CIVIC# 21161 367 6 6 11- 7			
nominate the person/ persons mentioned below to 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.			
(First choice)			
	(1.	ust choice)	
Name of Nominee/	Relationship	Specification of Share	Control N. J
Nominees	1	1 Of Offare	Contact Number
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* Analysis		1007,	0332 9884771
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(In case of death of first choice) – 2 nd Option			
27			
Name of Nominee/	Relationship	Specification of Share	Contact Number
Nominees			- Tanada Tanada
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	T COCH TO	[60]	0331 8931 067
I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon			
me.			
The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect			
*			
DATED: SIGNATURE OR THUMB IMP			
	1	THE	EMILOTEE
29/08/2024			Airelator
- your lead			
	1		