

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

	*** w			
Form of N	omination for D	eath Insurance for CT	'C E 1	
I Ajab Khan		And Charles Ch	da bearing	
CLYC The	S/	a/w/o_Sherza	dqbearing	
CIVIC # 21201-914	618229	TITOMICINO 11	7 . 1	
beneficiary(ies) to receive the	e death insurance	below who is/ are : amount (sum assured) i	member(s) of my family a n the event of my death.	
	77 A	irst choice)		
Name of Nominee/	Relationship	Specification of Share	Contact Number	
Nominees			Contact Number	
Ziladay	Brother	100%	000.50	
	1	7007	03358202014	
	(7			
	(In case of death o	of first choice) – 2 <sup>nd</sup> Optio	n	
Name of Nominee/	Relationship	Specification of Share	Contact Number	
Nominees		10	Ostact (Variot)	
Haji Rehman	05	1001		
LITHUI REMINAN	Brother	100%	03369442604	
I hereby certified that the abo	ve noted member/	(c) of my family many	d are wholly dependent upon	
me.	verioted member(	s) of my family mentione	d are wholly dependent upon	
The earlier nomination made	by me (if any) ma	ay kindly be treated as ca	ncelled and of no effect	
D A TIED		SIGNATURE OR	THUMB IMPRESSION OF	
DATED:	5 ≥. L	THE EMPLOYEE		
70/10/11/1	*	,/\ /2	4701/1910	