

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

Form of N	omination for D	eath Insurance for CT	
I M mili		cath hisurance for CT	CEmployees
I M- Muhsin	2s/	d/w/o_Khitab	Shah bearing
CIVIC# 1/30/-16218	288-1	T.	
TIC PCIDOII/ I/P	Sillie montant	1 1 -	arca CD V
beneficiary(ies) to receive th	e death insurance	amount (sum assum)	hereby nember(s) of my family as
	1	amount (sum assured) ir	the event of my death.
	(F	irst choice)	
Name of Nominee/	Relationship	Constitution of the consti	
Nominees		Specification of Share	Contact Number
	4		
W1.7 000 .	:		
Khitab Shah	talher	100 %	0333-92523/3
			1232313
. (In case of death o	f first choice) – 2 nd Optior	
Name of Nominee/			
Nominees .	Relationship	Specification of Share	Contact Number
Tronances			
	1		
Nizam 4 ddin	Bathen	100 %	5215 00
3077)	21000	(00 /0	0315-9959505
Thomas - CC 1.1	11		
I hereby certified that the above me.	e noted member (s	s) of my family mentioned	l are wholly dependent upon
iile.	i i		, 1
The earlier nomination made	by me (if any) ma	y kindly be treated as	
	(= 1=1)	y kindly be treated as can	icelled and of no effect
	<u>.</u>	CICNI A TRI IDIT OD TI	T Y Y Y 20 20 20 20 20 20 20 20 20 20 20 20 20
DATED:	SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE		
1/10/21	1	1110 E	TATT FOIEE
1/10/094	d s	- Juhrsin	W.