

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

		JUNE JUNE	e 2024j	
		*		
Form of 1	Nomination for D	eath Insurance for CI		
- F2 0		and insurance for CI	CEmployees	
1 Palas Wa	hio( s/	d/w/o_ForelA	/lma	
	5/	u/w/0	bear	ring
CIVIC# _21202387	2007 \		11 /	_
nominate the person/ p	persons mentioned	holoria 1	member(s) of my family	eby
beneficiary(ies) to receive	the death increase	below who is/ are	member(s) of my family	as
. ,	acadi nisurance	amount (sum assured) i	n the event of my death	
			J. S.	
	(11)	rst choice)		
Name of Nominee/	Relationship	C- :C		
Nominees	l addition by	Specification of Shar	e Contact Number	
		at the state of th		
18/1 11:0				
M. Keif	Son	5- 0/		
	Hi will I	50 %	03005825116	
ORHAN	Son			
	Don	50 %	0300947416	
			10300101916	
	_		*	
*	(In case of death of	first choice) - 2nd Optio	n	
Name of Nominee/	T			
Nominees	Relationship	Specification of Share	Contact NI	
1.011milees		, , , , , ,	Contact Number	
ARZO		,		
111/20	Husband	100 %	03459099973	>
		70	0343 [0]]	).
7.1		.40		
I hereby certified that the abme.	ove noted member (c	\ of ( ' 12		
me.	a nichibei (s	or my family mentione	d are wholly dependent und	On
The earlier nomination mad	e by me (if any)	1.1.77		
The earlier nomination mad	- ) may	Kindly be treated as car	ncelled and of no effect	
			-10 012002	
		3	•	
7		CICATAMIT		
DATED:		SIGNATURE OR T	HUMB IMPRESSION OF	
07/00/2-20		THE	EMPLOYEE	
01/09/2024				
3/1/001			>	
		71-1	· ·	