

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

## Form of Nomination for Death

Thommation for Death Insurance for CTC Employees				
I Has sot ullah s/d/w/o lil kasim bearing				
Chillo III O I O	S/	a/w/o lee kas	1m bearing	
010 1 0 10 10 10 10 10 10 10 10 10 10 10				
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				
beneficiary (ies) to receive the death insurance amount (sum assured) in the event of my death.				
(First choice)				
Name of Nominee/	Relationship	Specification of Share		
Nominees	,	opechication of Share	Contact Number	
Collet Gana	Men			
2011,57	evilo.		0333-657/971	
	Y		303/1171	
(In case of death of first choice) – 2nd Option				
Name of Nominee/				
Nominees Nominee	Relationship	Specification of Share	Contact Number	
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10	0.1			
lol Kulen	12 fell.	y .	277- (	
C o party	70 )	l <sub>1</sub>	0333.6571971	
I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon me.				
me.	· .	, j many many many	a are whony dependent upon	
The earlier nomination made have a city				
The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect				
DATED:		SIGNATURE OR THUMB IMPRESSION OF		
0// M	j ₽:	THE EMPLOYEE		
2/9/2004		1-10330		
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