

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

Form of I	Nomination for T	eath Insurance for CT	
I_Basmena		d/w/o Abdul Ka	CEmployees
nominate the person/ p	ersons mentioned	working asCH	hereby
beneficiary(ies) to receive t	he death insurance	amount (sum assured)	hereby nember(s) of my family as
			the event of my death.
Name of Nominee/	7 PF.	irst choice)	
Nominees	Relationship	Specification of Share	Contact Number
IKRAM VILAH	Brothey	1000	03319029174
			3311001119
	12 miles		
	(In case of death of	first choice) - 2 <sup>nd</sup> Option	
Ivalle of Nominee/	IID To		
Nominees		Specification of Share	Contact Number
Foral 1	1500 cm		
Farshada	Mother	100%	
Thank	1 62° s.		
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me.  The earlier pomination and the above the control of the contr	re noted member(s)	of my family mentioned a	are wholly dependent upon
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The earlier nomination made	re noted member(s)	kindly be treated as cance	elled and of no effect  UMB IMPRESSION OF
The earlier nomination made	re noted member(s)	kindly be treated as cance	elled and of no effect  UMB IMPRESSION OF