

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

## Form of Nomination for Death Insurance for CTC Employees

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	<del>31        </del>	/d/w/o_Nish	ct bearing
11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
nominate the person/ persons mentioned below who is/			
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 event of my death.			
in the event of my death.			
(First choice)			
Name of Nominee/	Relationship	Specification of Share	
Nominees		opecification of Share	Contact Number
	d <sub>i</sub> ,		
SaMi ullah	Éls.		
Jan 11 Maan	J Cd.	100 %	03340533913
	ll o		735 [1]
(In case of death of first choice) – 2 <sup>nd</sup> Option			
Name of Nominee/	Relationship	Specification of Share	Contact Number
Nominees		1 STATE	Contact Number
	the second		
water Maswa Tub			
waya paba ta	7,	100%	0310 9646284
I hereby certified that the standard to the st			
I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon me.			
inc.			
The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect			
y and the strength of the strength of the effect			
DATED:	SIGNATURE OR THUMB IMPRESSION OF		
	THE EMPLOYEE		
22.8.2024 Nosheen		ee n	
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