

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

Form of Nomination for Death Insurance for CTC Employees

	T 101 11011million	leath Insurance for CT	C Employees
I Niaz wali		/ 1 / /	1 1
I Miaz wali	S,	d/w/o Duyoum	lehan bearing
100-119	4 11- 4	7.	7
nominate the person/ p	ersons mentioned	bolove de la	hereby
nominate the person/ persons mentioned below who is/ are member(s) of my family as beneficiary(ies) to receive the death insurance amount (sum example).			
beneficiary(ies) to receive the death insurance amount (sum assured) in the event of my death.			
(First choice)			
NI- CAT		and choice)	
Name of Nominee/	Relationship	Specification of Share	CombatN
Nominees		1 Official	Contact Number
01.	:		
Sabia	wife	100 /	30/90/11
00.00			030691360410
M. Yarix	Son	por 1.	030/015/0
, ,=			300 1/3 60 11/0
(In case of death of first choice) – 2 nd Option			
Name of Nominee/	Relationship	Constitution of the state of th	
Nominees	Relationship	Specification of Share	Contact Number
Marlin M	0 4		
wall III	Brother	100/	030691360140
I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon me.			
me.		o) of my family mentioned	are wholly dependent upon
	#. ·		
The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect			
		, and the care	seried and of no effect
DATED:	SIGNATURE OR THUMB IMPRESSION OF		
1 1	THE EMPLOYEE		
3/9/24 Existed			