

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

Form of Nomination for Death Insurance for CTC Employees I Gul Jaman s/d/w/o Sazmir bearing			
nominate the person/ persons montant later working as the person 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 assured) in the event of my death.			
amount (sum assured) in the event of my death.			
(First choice)			
Name of Nominee/ Nominees	Relationship	Specification of Share	
Nominees		1 DIRATE	Contact Number
Sazmir	Cati	100 do	
Sag IIII	father	100 %	03039527213
khan said	Brother	100%	03039527213
(In case of death of first choice) -2^{nd} Option			
Name of Nominee/	Relationship	Specification of Share	Contract
Nominees		i oi oilaic	Contact Number
Sazmir	Father	100 %	03039527213
•			3 (3-121)
I hereby certified that the all			
I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon me.			
The earlier nomination made by me (if			
The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect			
6			
DATED: SIGNATURE OR THUMB IMPRESSION OF			
DATED: THE EMPLOYEE			EMPLOYEE
4-9-2024 Esta			
b	4 b	- CW	