

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

Form	of N	Jon	nin	ation	for	Death	Insuranc	o for	CTC	7 7	
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	T Robert III	/	201 61	C Laipidyees					
	I Rahmatulla	s,	/d/w/o_Nazor	Baz					
	CIVIC# 2/201-450182	6-5	mus 1:	1					
	The person be	ISONS mentioned	bolow- 1	ricicby					
nominate the person/ persons mentioned below who is/ are member(s) of my beneficiary(ies) to receive the death insurance amount (sum assured) in the event of my death insurance amount (sum assured) in the event of my death insurance amount (sum assured) in the event of my death insurance amount (sum assured) in the event of my death insurance amount (sum assured) in the event of my death insurance amount (sum assured) in the event of my death insurance amount (sum assured) in the event of my death insurance amount (sum assured) in the event of my death insurance amount (sum assured) in the event of my death insurance amount (sum assured) in the event of my death insurance amount (sum assured) in the event of my death insurance amount (sum assured) in the event of my death insurance amount (sum assured) in the event of my death insurance amount (sum assured) in the event of my death insurance amount (sum assured) in the event of my death insurance amount (sum assured) in the event of my death insurance amount (sum assured) in the event of my death insurance amount (sum assured) in the event of my death insurance amount (sum assured) in the event of my death insurance amount (sum assured) in the event of my death insurance amount (sum assured) in the event of my death insurance amount (sum assured) in the event of my death insurance amount (sum assured) in the event of my death insurance amount (sum assured) in the event of my death insurance amount (sum assured) in the event of my death insurance amount (sum assured) in the event of my death insurance amount (sum assured) in the event of my death insurance amount (sum assured) in the event of my death insurance amount (sum assured) in the event of my death insurance amount (sum assured) in the event of my death insurance amount (sum assured) in the event of my death insurance amount (sum assured) in the event of my death insurance amount (sum assured) in the event of my death insurance amount (sum assured) in the event of my death insurance amount (sum assured)									
		2.45		tate event of my death.					
		(F	irst choice)						
	Name of Nominee/	Relationship	Specification of CL						
	Nominees		Specification of Share	Contact Number					
	01.11	-							
	Kahimullah	Brother	100%	1232255544					
	Rahimullah Khan Zozij	1		03275566462					
	Khan Zozij	mama	100%	03006/71457					
			700 /-	10300 8/ //95 /					
		(T							
		In case of death o	of first choice) – 2 nd Option	n					
	Name of Nominee/	Relationship	Specification (CI						
	Nominees	- Teladionship	Specification of Share	Contact Number					
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	6/								
	HayaTulla	Caresin	100%	- 221 02 = 11 = 1					
		in the second	/ /	0331 9351471					
	hereby certified that the above	ve noted member(s) of my family mentioned	d are wholly dependent upon					
1	me.			y and a post					
,	The earlier nomination made	Jan (: C							
	The earlier nomination made	by me (if any) ma	ly kindly be treated as car	ncelled and of no effect					
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	D A TIPE		SIGNATURE OR T	HUMB IMPRESSION OF					
	DATED:	ğ 6.		EMPLOYEE					
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