

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

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		* * *		
Form of N	Joinination for D	eath Insurance for CTC		
		eath Insurance for CTC	Employees	
I Maroot			3/	
	S/	a/w/o <u>Cal-Inat</u>	- khan bearing	
	3 th 4 h ] 1 B			
nominate the person/ no	270070	_ working as A S	hereby hereby as	
heneficiary(ion) to	mentioned	below who is/ are me	ember(s) of my (s :1	
o strendary (les) to receive th	ne death insurance	amount (sum assured) in F	ha are in the family as	
beneficiary(ies) to receive the		( sala abbarca) in L	the event of my death.	
		irst choice)		
Name of Nominee/	<u> </u>			
NI:	Relationship	Specification of Share		
Nominees	1 2 2 2	- Former of Share	Contact Number	
		1		
Bibi Rogia	1 2			
3000	wife	75%	0341-91.5.15	
Zunisha			Foluppp-dp60	
zuhi zha	daughter	251	50 5	
		-3/6	0303-8493198	
			*.	
·	(In case of death o	f first choice) - 2nd Option		
Name of Nominee/		Option	• "	
Nominees	Relationship	Specification of Share		
Nonunees .		i oi oi oitaie	Contact Number	
1				
lat-Mattcha	CH			
	tather	20%	335-8477911	
I hereby certified that the abo	We noted 1			
I hereby certified that the abo	vertoted member (s	s) of my family mentioned a	re wholly donor don	
			at mony dependent upon	
The earlier nomination made	1			
To imitation made	by me (if any) ma	y kindly be treated as cance	of the boll	
, ^		, and as carice	med and of no effect	
•: e			J.	
DATED:		SIGNATURE OR THE	IMB IMPRESSION OF	
		SIGNATURE OR THUMB IMPRESSION OF		
19/9/2001		THE EMPLOYEE		
11/2029		TW D		
¥			ř.	