

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

Form of	Nomination for I	Donald T		
I_ Huma		Death Insurance for CTC	Employees	
beneficiary(jes) to reseive	persons mentioned	below who is/ are m	hereby ember(s) of my family as	
beneficiary(ies) to receive	the death insurance	e amount (sum assured) in	the event of my family as	
	a	First choice)	and event of my death.	
Name of Nominee/	17 7 397 1			
Nominees	Relationship	Specification of Share	Contact Number	
M. Ourach	T. II			
M. Quresh	Tather	100-1	(12120 522 /	
	100		03 39522601	
	(7)			
NTo CAY	(III case of death o	f first choice) - 2 nd Option		
Name of Nominee/ Nominees	Relationship	Specification of Share		
		, or oracle	Contact Number	
14 11	3 10			
M. Hamza	Brother	100%.		
	The second			
I hereby certified that the abo	ve noted member/s	\of t		
me.		of my family mentioned as	e wholly dependent upon	
The earlier nomination made	by modificant			
	oy me (ii any) may	kindly be treated as cancel	lled and of no effect	
DATED		SICNIATION		
DATED:		SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE		
3.9.24		THEOTEE		
	2000	Hut	-	
Ac				