

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

Form of No	mination ( )		
I Ablich and	mination for D	eath Insurance for CT	CEmployees
CNYC " A CONTRACTOR OF THE CON	s/	d/w// Maida	bearing
nominate the many	<b>1</b> 1	working as	U(UC Loramaina) hereby
beneficiary(ies) to receive the	sons mentioned	below who is/ are	member(s) of my family as
beneficiary(ies) to receive the	death insurance	amount (sum assured) i	n the event of my death.
	(1 '%)	irst choice)	
Name of Nominee/	Relationship	Specification of Shar	
Nominees		- Foundation of Silar	e Contact Number
Shaiba	wife	100%	0371-0955786
	The state of the s		
*			
. (3	In case of death o	f first choice) – 2 <sup>nd</sup> Optio	n ,
Name of Nominee/	Relationship	Specification of Share	
Nominees		i manufaction of officer	Contact Number
Maida Gul	Fashex	100%	6771 010 5510
		100/.	0386-9695718
I hereby certified that the above		,	
I hereby certified that the above me.	e noted member (	s) of my family mentione	d are wholly dependent upon
	10 2564 1	2 · · · · · · · · · · · · · · · · · · ·	
The earlier nomination made h	by me (if any) ma	y kindly be treated as ca	ncelled and of no effect
			3
DATED:		SIGNATURE OR T	THUMB IMPRESSION OF EMPLOYEE
05/09/2024		· Ani	LIVITLOYEE
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