

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

Form of M	
Torm of Nomination	for Death Insurance for CTC Employees
I JAHIR AHMAD	s/d/w/o_SUEIKH MUHAMMAD_bearing
CNTC # @ /2 /	bearing
CIVIC# 21204-0708061-7	working as CHW (UC-Locamians) hereby
nominate the person/ persons ment	tioned below who is/ are member(s) of my family as
beneficiary (ies) to receive the death insu	trance amount (same are member(s) of my family as
	urance amount (sum assured) in the event of my death.
	(First choice)
Name of Nominee/ Relations	
Nominees Relations	ship Specification of Share Contact Number
1 Committees	Specification of Share Contact Number
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	:
FATIMA	
Wife	1001. 0334-9767797
	0334-9767797
19 14	
75	
(int case of de	eath of first choice) - 2nd Option
Name of Nominee/ Relations	
Nominees	ship Specification of Share Contact Number
SHEIRH-MUHAMMOND Feether	
sure (more of) suffer	100%. 0333-6653069
I hereby certified that the above noted mer	mher(a) of march in
me.	mber(s) of my family mentioned are wholly dependent upon

The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect

DATED:

SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE

Tapus