

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

Form of N	omination for De	eath Insurance for CTC		
I_ Hamayun W	an a	distributance for CIC	mployees	
CNTC " 2 12 12 17 17 17 17 17 17 17 17 17 17 17 17 17	S/)	alwig M. Jausa	bearing bearing	
CIVIC# 4101-5/25	188-7	Working of	7	
nominate the person/ person/ person/ person/ person/ person/ to receive the time to the person of th	ersons mentioned	below who is/ are me		
beneficiary(ies) to receive the	a deciding the state of the sta	amount (sum assured) in t. rst choice)	he event of my death.	
Nome of N.	5 18: 1	ist choice)		
Name of Nominee/ Nominees	Relationship	Specification of Share	Contact Number	
iBna	wife	Eull	03005984985	
	A CONTRACTOR OF THE PARTY OF TH			
			*.	
	(In case of death o	f first choice) - 2 nd Option	.*	
Name of Nominee/	Relationship	Specification of Share	Contact Number	
Nominees	1000		· ·	
M. Harcon	Son	Lull a	03339681881	
I hereby certified that the abo	ove noted member(s) of my family montioned	, , , , , , , , , , , , , , , , , , ,	
me.		-, or any naming intentioned	are wholly dependent upon	
The earlier nomination mad	e hy me (if any)	1. 1. 1.		
The earlier nomination mad	c by me (many) ma	y kindly be treated as cano	elled and of no effect	
	E was a sure of the sure of th		-	
DATED:	W	SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE		
07-09.2024		A W	TECTEL .	
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