

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

		in Jun	e 2024]	
Form of	Nomination for D			
I Comi IIII		eath Insurance for CT	CEmployees	
aucen	11 18	Al-li- Which		
				bearing
nominate the person/	persons mentioned	below relative	1/N	hereby
nominate the person/ beneficiary(ies) to receive	the death insurance	amount (sum are	member(s) of my fa	mily as
		, , , , , , , , , , , , , , , , , , , ,	n the event of my deatl	n.
	(F	irst choice)		
Name of Nominee/ Nominees	Relationship	Specification - (C)		
INOTITUDEES .		Specification of Share	Contact Num	ber
Capip Who				
SagiB Khan	Brother	50 Percent	0207 200	/
M. Shoraim	Con		0307-8091	5575
- Sitter at 111	1307	50 Percent		
			0322-19109	20
	(In case of days			
Namacathi	(in case of death of	first choice) - 2nd Option	, , , , , , , , , , , , , , , , , , ,	
Name of Nominee/ Nominees	Relationship	Specification of Share		
		oz Oliule	Contact Number	r
SagiB Khan	0 -			
- S.O KHUY	Brother		0222 1012	
			0322-191092	20
hereby certified that the ri-				
hereby certified that the abo	ove noted member(s)	of my family mentioned	are wholl i	
'ho on I'			wholly dependent	upon
he earlier nomination mad	e by me (if any) may	kindly be treet		
		be treated as can	celled and of no effect	
¥	Read of July 2		4	
DATED:		SIGNATION		
1-0-0		THE B	HUMB IMPRESSION C)F
10-9-2024		d Pineli	MPLOYEE	
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