

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

Form of N			;
I OAID OAT	omination for D	eath Insurance for CT	CEmployees
	C rig.	111 1 0 01 111	1 /
	CITY OF THE STATE		- Countie
nominate the person/ pe	rsons mentioned	working as	member(s) of my family as
beneficiary(ies) to receive th	ie death insurance	below who is/ are	member(s) of my family as
beneficiary(ies) to receive the	T. HISULATICE	amount (sum assured) is	n the event of my death.
	(F	irst choice)	
Name of Nominee/	Relationship	C 10	
Nominees	donsinp	Specification of Share	Contact Number
BaKHTI KHAN	CT		
	father	50 %	0333-2739039
08 Sudais Ahmo	Son	50%	
	30//	2090	0334-9328239
	T.		
,	in case of death of	first choice) - 2 nd Option	1
Name of Nominee/ Nominees	Relationship		
TVOITUREES		Specification of Share	Contact Number
	8 16.		
Wife Said Raza	1111	4	
Sello Naza	Wite	100%	0334-9328239
I hereby certified the con-			(28(8K))
I hereby certified that the above me.	e noted member(s)	of my family mentioned	· · · · · · · · · · · · · · · · · · ·
		, and arctitioned	are wholly dependent upon
The earlier nomination made b	y me (if any) may	1.: 17 7	
The earlier nomination made b	, Larry) may	kindly be treated as can	celled and of no effect
** *			
D A TIPE			[+
114141		CICNIA	
DATED:		SIGNATURE OR TH	HUMB IMPRESSION OF
14-9-2024		SIGNATURE OR THE	HUMB IMPRESSION OF MPLOYEE