

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

	144		:
form of	Nomination for L	eath Insurance for CTC	T
IAYES	HA		- Employees
CNTC # 2 12 = 2 2 = 4	s,	/d/w/o_ISRAR	KHAN
nominate 41	1709-2	Working as	bearing
beneficiary(ice)	persons mentioned	_working as	hereby hereby family as
beneficiary(ies) to receive	the death insurance	amount (sum assured) in	tember(s) of my family as
			the event of my death.
Namo of N	(P	irst choice)	
Name of Nominee/ Nominees	Relationship	Specification of Share	
2.011milees		r sealed toll of Share	Contact Number
ASIM KHAN	Son	Spar	
		30%	03015479830
KHUSHDIL KHAN	1 Son	50%	15 15
		3 /8	03015479830
8	(The second seco		•
NT- ()-	(in case of death of	first choice) - 2 nd Option	
Name of Nominee/ Nominees	Relationship).
1 vondriees .		Specification of Share	Contact Number
N. Ø	9 10		,
MUSA KHAN	De Son	160%	
·	3011	100 0	3015479830
Pereby andice			. 17030
re	ve noted member(s)	Of my family	,
		or my raining mentioned a	re wholly dependent upon
ne earlier nomination made	hymacic		
ne earlier nomination made	The (if any) may	kindly be treated as cance	lled and of no acc
			and of no effect
		,	·
ATED:		SIGNATURE OR THI	JMB IMPRESSION OF
6-09-2024		THE EM	PLOYEE
1 2024		Ais	
9 #		113	