

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

Form of Nomination for Death Insurance for CTC Employees

7	Trondination for D	eath Insurance for CTC	Employees
1 M. Shalle	s/	d/w/o Haji Soco	111166
nominate the person/	persons montion d	working as CHU	hereby hereby of my family as
beneficiary(ies) to receive	the death incomed	below who is/ are me	ember(s) of my family as
	are acaut hisurance	below who is/ are me amount (sum assured) in t	he event of my death.
	4 1 111	irst choice)	
Name of Nominee/	Relationship		
Nominees	Relationship	Specification of Share	Contact Number
Anjed Ichan	brother	100%	03442355415
			0319233 913
y y √00€141° s	(In case of death o	f first choice) - 2 nd Option	
Name of Nominee /			
Name of Nominee/ Nominees	Relationship		Contact Number
			Contact Number
			Contact Number
			Contact Number
Nominees	Relationship	Specification of Share	
Nominees	Relationship	Specification of Share	
Nominees	Relationship	Specification of Share	
I hereby certified that the abme.	Relationship ove noted member(Specification of Share s) of my family mentioned a	are wholly dependent upon
I hereby certified that the abme.	Relationship ove noted member(Specification of Share s) of my family mentioned a	are wholly dependent upon
Nominees	Relationship ove noted member(Specification of Share s) of my family mentioned a	are wholly dependent upon
I hereby certified that the abme.	Relationship ove noted member(Specification of Share s) of my family mentioned a	are wholly dependent upon
I hereby certified that the abme. The earlier nomination made	Relationship ove noted member(Specification of Share s) of my family mentioned a	are wholly dependent upon elled and of no effect
I hereby certified that the abme.	Relationship ove noted member(Specification of Share s) of my family mentioned a y kindly be treated as cance	are wholly dependent upon elled and of no effect
I hereby certified that the abme. The earlier nomination made	Relationship ove noted member(Specification of Share s) of my family mentioned a y kindly be treated as cance	are wholly dependent upon elled and of no effect
I hereby certified that the abme. The earlier nomination made	Relationship ove noted member(Specification of Share s) of my family mentioned a y kindly be treated as cance	are wholly dependent upon elled and of no effect