

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

Form of No.			
Total of Nominal	ion for Death Insu	rance for CTC	Employees
I	s/d/w/o	ileb	lie
I			bearing
nominate the person/ persons in beneficiary(ies) to receive the death	working	as C·H	hereby
beneficiary(ies) to receive the death	insurance below w	ho is/ are me	ember(s) of my family as
beneficiary(ies) to receive the death	amount (s	um assured) in t	he event of my death.
	(First choice)		
Name of Nominee/ Rela	tionship Specific	1	
Nominees	Specific	cation of Share	Contact Number
Car Tarin	4 1		
Ocô de vie	7, 1,	00%	03319196957
R. COTTON			0331/190/8/
12 12			
(In case	of death of first choic	ce) - 2nd Option	* * *
Name of Manie			
Nominees	ionship Specificat	tion of Share	Contact Number
TOTAL			
pelin 2	3		
120 140	3/25 100	0 %	7-701.10 -1-
	50.		3039419367
hereby certified that the above noted			
hereby certified that the above noted ne.	member(s) of my fan	nily mentioned a	re wholly dependent upon
			2 as berracitt a bott
The earlier nomination made by me (f any) may kindly he	trooted	
	, , , ,	treated as cance	lled and of no effect
The state of the s	* * *		A.
DATED:	SICNI	ATT IDE OF	1 2
PAIED:	JIGIN	AT UKE OR THU	JMB IMPRESSION OF
15/9/2074		AII EM	PLOYEE
1		Dentun	M
		3447	£5