

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

Form of N	Omination for D			
I Abdul Wahio		eath Insurance for C]	IC Employees	
CNTC # 010 07 2100	s/	d/w/o Hurang	Zeb bearing	
beneficiary(ica)	rsons mentioned	below who is/ are	hereby member(s) of my family as	
beneficiary(ies) to receive th		amount (sum assured) i	in the event of my death.	
Name of Nominee/	14 - 201			
Nominees	Relationship	Specification of Shar	e Contact Number	
	William Control		- Truck I Villipel	
Dunama of a				
Aurang Zeb	Father	100 %	-322 05 5	
Abdur Raziq		200 70	03329518024	
ribuur ka 219	brother	100%	0333 8783732	
			7,03732	
	In case of dood	·		
NI-	in case of cleath of	first choice) - 2nd Optio	n .	
Name of Nominee/	Relationship	Specification of Share		
Nominees		of semention of Share	Contact Number	
Nazir Muhammed	brother	1 00		
	8.80 (100)	100%	0333 13 13 760	
		·	•	
I hereby certified that the above	enoted months			
I hereby certified that the abov me.	c rioted member(s)	of my family mentioned	d are wholly dependent upon	
The second			y soperacit apost	
The earlier nomination made l	y me (if any) may	kindly haters	,	
		rationy be treated as car	ncelled and of no effect	
*	4		.3	
			i i	
DATED:		SIGNATURE OR THUMB IMPRESSION OF		
15/09/2019 THE EMPLOYEE				
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