

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

Form of Nomination for	
I Gral wakiel	Death Insurance for CTC Employees
	131 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
nominate the	working as hereby below who is/ are member(s) of (a)
beneficiary(ies) to receive it light mentioned	working as hereby hereby below who is/ are member(s) of my family as amount (sum assured) in the event of
receive the death insurance	hereby are member(s) of my family as amount (sum assured) in the event of my death.
	First choice)
Name of Nominee/	· · · · · · · · · · · · · · · · · · ·
Nominees Relationship	Specification of Share Contact Number
Allam Deh Total	
1 CG Muhmm	00 % 63329733712
Charles A. C. Ch	13/13/13
Signal And Andrews Control of the Co	
(In case of death o	f final 1
I VOITE OF NOTES	f first choice) - 2 nd Option
Nominees Relationship	Specification of Share Contact Number
197	
Mamo 1	
Jum Leb Par Muhmmad	100 / 03389733713
me me	s) of my family mentioned are wholly dependent upon
	, reality mentioned are wholly dependent upon
The earlier nomination made by me (if any)	-14.17
The earlier nomination made by me (if any) may	kindly be treated as cancelled and of no effect
DATED:	SIGNIATINE OR DESCRIPTION
2	SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE
15-1-2024	Sall.
	- Lange