

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

Form of Nomination for Death Insurance for CTC Employees I	### ·	J = 111 J = 111 E = 202±J
Soldwo Hasan Shah bearing content of the person of the person persons mentioned below who is are member of my family as beneficiary (ies) to receive the death insurance amount (sum assured) in the event of my death. (First choice) Name of Nominee/ Nominees Relationship Specification of Share Contact Number M-ASIM Sold 100% 03041435276 (In case of death of first choice) - 2nd Option Name of Nominee/ Nominees Relationship Specification of Share Contact Number SHAMA Wife 200% 03075936185 I hereby certified that the above noted member (s) of my family mentioned are wholly dependent upon me. The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect		
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