

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

Form	e NI		;
Form of Nomination for Death Insurance for CTC Employees			
THUOGN IN THE TOTAL OF THE TOTA			
nominate the person/ persons mentioned below who is a hereby			
nominate the person/ persons mentioned below who is/ are member(s) of my family as beneficiary(ies) to receive the death insurance amount (sum assured) in the event of			
and the event or my death.			
	(F.	irst choice)	
Name of Nominee/	Relationship	Specification of Share	
Nominees		opecification of Share	Contact Number
Wa Jeeha Zeenatu	wife	5 11	
1		30/0	0346-2218617
Leenalu	wife	50%	17/1/
	1		0346-2218617
(In case of death of the death			
(In case of death of first choice) – 2 nd Option Name of Nominee/			
Nominees	Relationship	Specification of Share	Combanist
		*	Contact Number
<i>D</i>			
Beena	Sister	100 %	. 0/ /
			0346-2218617
I hereby certified that the above potedies is			
I hereby certified that the above noted member(s) of my family mentioned are wholly dependent upon			
The earlier nominal	_		y and exercise about
The earlier nomination made by me (if any) may kindly be treated as cancelled and of no effect			
•		and carro	effect and of no effect
6		4	
DATED:		SIGNATURE OR TH	IIIMB IMPRESSION
9 3 2 - 1	SIGNATURE OR THUMB IMPRESSION OF THE EMPLOYEE		
7-9-1024	7-9-1024 Amel		
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