

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

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Form of N	omination for D	eath Insurance for CTC	י ייוניי
Imran		0 / / /	employees
I	s/	d/w/o_Shah-ff	bearing bearing
nominate the	021-7	working as Area	uperincox
beneficiary(jes) to receive it	rsons mentioned	below who is/ are m	hereby hember(s) of my family as
beneficiary(ies) to receive th	e death insurance	amount (sum assured) in	the event of my danta
		rst choice)	of the of my death.
Name of Nominee/	(1 12)		
Nominees	Relationship	Specification of Share	Contact Number
BulNaza Imran	wife		
	i wite	50 %	0340-3804859
Mubashir	Son	50%	
		50 /	0327-7734910
	In case of death of	first choice) - 2nd Option	b
Name of Nominee/	Relationship		
Nominees		Specification of Share	Contact Number
0.			
Shah-Hussain	Faller		
1100)411	rainco	100 %	305-2878825
horober		•	
neleby certified that the abov	e noted member(s)	of my family montions I	
hereby certified that the abov)	-) result metilioned	are wholly dependent upon
he earlier nomination made l	Ovime (if any)	1.	
	may may	kindly be treated as cance	elled and of no effect
	7.00		
) v (1111)		CTONY	
DATED:	SIGNATURE OR THUMB IMPRESSION OF		
4-4-2024	THE EMPLOYEE		
		A rul	
		1111	