

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

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form of N	omination for De	eath Insurance for CTC	C
T		armice for CIC.	employees
Madeem	Khan	71-1	bearing
3	5/1	W/O_ Amin S	her hearing
	201		,
nominate the person/ perbeneficiary(ies) to receive the	1111	working as	· H.W
handic the person/ per	rsons mentioned	below who is/ are	nereby
beneficiary (ies) to receive th	e death insurance	amount /-	mber(s) of my family as
beneficiary(ies) to receive th		amount (sum assured) in the	ne event of my death
			and accept.
	(Fi	rst choice)	
Name of Nominee/			
Nominees .	Relationship	Specification of Share	
Tyonunees		i salation of Share	Contact Number
	4.81	100	*
100			
Alam Sher Abdul Raziq	Brother	1200	
		160%	0302 55 20 409
Abdul Dazia			
The Russ	Brother	108%	2 DC QQ
			0305 98 59899
, (In case of death of	first choice) - 2nd Option	
	1 11 - 92 cication	inst choice) - 2nd Option	**
Name of Nominee/	I I D I		
Nominees	I E ANCIALIONS NITA		
	I I I I I I I I I I I I I I I I I I I	Specification of Share	Contact Number
		Specification of Share	Contact Number
		Specification of Share	Contact Number
	442.00	Specification of Share	Contact Number
		Specification of Share	Contact Number
Alam Sher			
	Brother		
Alam Sher	Brother	100 06	0302 55 20 40g
Alam Sher	Brother	100 06	0302 55 20 40g
Alam Sher	Brother	100 06	0302 55 20 40g
Alam Sher	Brother	100 06	0302 55 20 40g
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