

Declaration of Beneficiaries and Nominees

I, Dasho/Dr/Mr./Mrs./Ms do hereby declare that the names mentioned below in the table are my direct dependents:

| Name | Gender | Relation | Date of Birth | Citizen ID No | House No: | Thram No |
|------|--------|----------------|---------------|---------------|-----------|----------|
| | M | Father | | | | |
| | F | Mother | | | | |
| | F | Spouse | | | | |
| | | Children | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | M | Father- in-law | | | | |
| | F | Mother in-law | | | | |
| | | | | | | |

CID copy attached for each nominee, where-able applicable for children

In the event of their demise, benefits as defined in the Dzongkhag Welfare Scheme By-law may be given to me. I, hereby, nominate and confer Mr./Mrs./Ms the right to receive the entire amount that may be payable to me from the Dzongkhag Welfare Scheme in the event of my death. I, hereby, declare that all the forgoing information is true and correct.

Affix Legal

Date:

Stamp

Full name:

Signature

Address:

For Welfare Committee USE ONLY**Verified by:****Chairperson****Executive Secretary****Treasurer**