

Royal Insurance Corporation of Bhutan Limited
Group Savings Cum Insurance Scheme
Refund/claim application (Form No. 2)

(To be filled-in by the employer for payment of benefits under Government Employees' Group Savings-Cum-Insurance Scheme 1987)

Name of member.....CID.....

Account Number.....Date of birth/Age.....

Date of joining service.....

In case of claim due to death/missing/permanent disability of a member

Date of death/missing/disablement.....

Cause of death.....

Name of nominee(s)/legal heirs(s).....

CID No. of nominee(s)/legal heir(s).....

Signature or thumb impression of the nominee(s)/legal heirs(s).....

In case of minor nominee(s)/disabled member

Name of the guardian..... CID No.....

Signature or thumb impression of the guardian(s).....

I hereby declare that the information provided above is true and correct to the best of my knowledge. I confirm that the nominee(s)/legal heir(s)/guardian(s) declared above is/are the legal beneficiary(ies) of the deceased/disabled member.

Signature of Head of the Department

Office Seal

Name.....
Designation.....
Office.....
Place.....

Date.....

**Royal Insurance Corporation of Bhutan Limited
Thimphu : Bhutan**

Discharge Voucher (Form No.3)

I,....., CID No.....
do hereby acknowledge the receipt of Nu..... vide cheque no.
dated.....in full satisfaction and discharge of all payments owing to me
by the RICBL.

Signature of witness:

Name.....

CID No.....

Designation.....

Office Address.....

Affix revenue stamp
(Nu.5/-)

(Signature of employee/nominee
(guardian) or Legal heir)