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ROYAL INSURANCE CORPORATION OF BHUTAN LTD.
HEAD OFFICE: THIMPHU

Authorization Letter for collection of Survival/Surrender/Maturity Benefit

Date:

____/____/____

The Manager

RICB

Office: HO/RO/Branch:

Srl #	Details	Answer
1	Name of Policyholder	
2	Policy No#	
3	Type of Claim	Survival Benefit Surrender Maturity
4	Authorized person's name and CID No#	
5	Relationship to the policy holder	
6	Please prepare cheque in favour of	
7	Cheque to be collected by	

Check List

		YES		NO	
1	Policy document				
2	CID Copy of Policyholder				
3	CID Copy of Authorized Person				

Signature of Policyholder		Signature of Witness	
Name		Name	
Address		Address	
CID No.		CID No.	
Mobile No.		Mobile No.	