



འབྲུག་ལྗེ་སྲུང་ལས་འཛིན་ཚོང་།

ROYAL INSURANCE CORPORATION OF BHUTAN LTD.
HEAD OFFICE: THIMPHU

Application for Change in Mode of Payment

Date:

/ /

The Manager

RICB

Office: HO/RO/Branch:

Srl #	Details	Answer			
1	Name of Policyholder				
2	Policy No#				
3	Policy inception date	Date/Month			
4	Change in Mode requested from	Date			
5	Change in Mode of payment	From	Mthly/SSS/Qtly/Hly/Yly	To	Mthly/SSS/Qtly/Hly/Yly
6	Change in Premium	From	Nu.	To	Nu.
Check List					
1	Policy document	YES		NO	

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

Policy endorsed by: To be filled by RICB

Name	
Signature	
Designation	
Branch	