



༄། འབྲུག་རྒྱལ་ཉེན་སྲུང་ལས་འཛིན་ཚད།
ROYAL INSURANCE CORPORATION OF BHUTAN LTD.

CHANGE OF NOMINEE FORM (Annexure-4)

I Mr./Mrs./Miss.....the member of the Private Provident Fund Scheme, P.F A/c. No: Dept. code.....do hereby nominate my Mr./Mrs./Miss/ agedyears, holding Citizenship ID No. Address to be the person, to whom moneys shall be paid in the event of my death in lieu of Mr./Mrs./Miss/ Master.....mentioned in the registration form (Annexure – 3) submitted earlier.

Date.....

WITNESS

Signature:

Name:

CID No:

Address:

.....

(Signature of the Employee)