



༄ || འབྲུག་ཀྲུལ་ཉེན་སྲུང་ལས་འཛིན་ཚད།

**ROYAL INSURANCE CORPORATION OF BHUTAN LTD.**

**Discharge Voucher (Form No.3)**

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

Affix revenue stamp

Signature of witness:

Name.....

CID No.....

Designation.....

Address.....(Signature of employee/nominee/guardian/Legal heir)

FOR RICB USE	
Branch Name	Application Received Date
Received By	Employee Name
	Employee ID