



༄ || འབྲུག་རྒྱལ་ཉེན་སྲུང་ལས་འཛིན་ཚད།

ROYAL INSURANCE CORPORATION OF BHUTAN LTD.

GIS Monthly Contribution Schedule

(Form No.1)

Name of Policyholder/Agency:
Contact for Correspondence:
GIS Policy No:
Month & Year:

SL No	GIS A/C No	Name	CID/WP No	Group	Grade/Basic Pay	Subscription	DOB	DOJ	Remarks

Note: Kindly provide the following information, if any in the schedule, under the remark's column:

- Arrear deposit of an individual.
- Transfer cases (mention GIS account number)
- Revision of contribution upon promotion or change in the pay scale
- In case of new membership

Signature of Disbursing Officer

Office Seal

Name:

Designation:

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