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ROYAL INSURANCE CORPORATION OF BHUTAN LTD.

NOMINATION FORM- Annexure -3

Name of the Employee:

CID No./Work Permit No:

Name of the Employer/Organization:

Sl.No	Name of Nominee	CID No.	Relationship	Date of Birth	Share of PFF Payable (%)	Contact No
1.						
2.						
3.						
4.						
5.						

To be filled up in case of minor nominee: -

Name of Guardian:

Citizenship ID. No.

Address:

Contact No:

Signature/thumb imprint:

I hereby certify that all the aforementioned information is true and correct, and I assume full responsibility thereof.

Signature of the employer with seal

Signature of the Employee

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