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ROYAL INSURANCE CORPORATION OF BHUTAN LIMITED  
THIMPHU: BHUTAN

## REGISTRATION FORM FOR EMPLOYEE

### 1. PARTICULARS OF THE PROPOSER.

NAME:	CITIZENSHIP CARD NO. <input type="text"/>	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female
DATE OF BIRTH: AGE:	MARITAL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married	NATIONALITY: <input type="checkbox"/> Bhutanese <input type="checkbox"/> Others
PHONE NO:	EMAIL:	MONTHLY INCOME:
CONTACT ADDRESS:	OCCUPATION:	NATURE OF WORK:
PERMANENT ADDRESS: Village: Gewog:	Thram No: House No:	Dzongkhag:

### 2. SPOUSE & CHILDREN DETAILS (please use additional sheet if necessary)

NAME	RELATIONSHIP	DATE OF BIRTH: Age:	GENDER:

### 3. Nominees (In case of death before annuity drawdown has begun, opted for Return of Capital )

SL. No.	Name	Relationship	CID No.	D.O.B	Share in %

### 4. Guardian's detail in case the nominee is a minor:

Guardian's name	Relationship	CID No.	D.O.B	Share in %



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**ROYAL INSURANCE CORPORATION OF BHUTAN LIMITED  
THIMPHU: BHUTAN**

**5. DECLARATION**

I declare and warrant that the answers given in this application are true, correct and complete and I accept full responsibility for them, whether written by me or by anyone else on my behalf. I agree that this application and other written answers, statements, information or declarations made by me or on my behalf shall form the basis of the contract of insurance between me and RICBL and if anything untrue, incorrect or incomplete is stated, the annuity policy issued shall not be valid. I agree that there shall be no liability upon RICBL until a policy has been issued and delivered to me and the first premium has been paid in full. I declare that I have understood the rules of the annuity scheme and agree to comply with it.

Signed in .....(place) date...../...../.....(DD/MM/YEAR)

**Signature of Proposer**

**Signature of witness  
Name & CID No.**