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ROYAL INSURANCE CORPORATION OF BHUTAN LTD.
HEAD OFFICE: THIMPHU



PROPOSAL FORM FOR DRONGSEB KUENDRUL TSHE-SOG NGENSUNG

Branch and PSO Details

| | | | |
|-----------------|--|----------|--|
| Branch Name | | | |
| PSO Employee ID | | PSO Name | |

1. Life Insurance Proposer's details

| | | | | |
|------------------|--|--------------|--|-----------|
| Name of Proposer | | | | |
| CID # | | Village | | |
| Contact No # | | Geog | | |
| Date of Birth | | Gender (M/F) | | Dzongkhag |

2. Loan Details

| | | | | |
|---------------------|-------|---|-----|--|
| Loan Account No # | | Policy Term in Years | | |
| Date of Enrollment | | Premium Payment Mode (Single / Annual) | | |
| Sum Assured (Nu.) | | Premium Collected (Nu.) | | |
| Period of Insurance | From: | | To: | |

3. Nominee Details

| | | | | |
|-----------------|--|---------------|--|--|
| Name of Nominee | | | | |
| Relationship | | Gender (M/F) | | |
| CID # | | Contact No# | | |
| Address | | | | |

| | | |
|----------------------|--|---|
| Signature of Witness | | Signature or thumb impression of the proposer (If it is a thumb impression, it has to be attested) |
| Name | | |
| Mobile # | | |
| Adress | | |
| Cid # | | |