



རྒྱལ་བུ་གཞུང་གི་རྩིས་སྲུང་ལས་འཛིན་ཚོང་རྒྱུ་

ROYAL INSURANCE CORPORATION OF BHUTAN LTD.

"Your partner for growth and security"

STOCK DECLARATION FORM FOR SHOPKEEPER'S INSURANCE POLICY

Name of the shop: Shop No:

Type of shop:

Owner of the shop: Citizenship ID No:

Location of shop:

.....

Post Box No:

Mobile No:

Stock List	Insured's Declared Value
a) Grocery items	
b) Garments	
c) Yarn	
d) Electronics (TV, Refrigerator, Oven, etc.)	
e) Furniture (Showcase, Table, Chair, etc.)	
f) Others (pls specify)	
TOTAL	

In the above named, do hereby, to the best of my knowledge and belief warrant the truth of the foregoing statement in every respect to the best of my knowledge.

Date:

Signature of the Insured

Name & signature of the Verifying Field Officer

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