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ROYAL INSURANCE CORPORATION OF BHUTAN LTD.

GIS/GSLI Refund/Claim Application Form (To be filled-in by the employer)

Name of the Member	
CID	
Date of Birth (dd/mm/yy)	
GIS/GSLI Account Number	
Joining Scheme (dd/mm/yy)	
Joining Service (dd/mm/yy)	
Relieving Date (dd/mm/yy)	
Last Contribution (mm/yy)	
Mobile Number	
Bank Name & Account Number	

To be filled in case of death/missing/permanent disability of a member

Date of death/missing/disablement:

Cause of death/disability:

Name of nominee(s)/legal heirs(s):

CID No. of nominee(s)/legal heir(s):

Bank name & account number:

Signature/thumb impression of the nominee(s)/legal heirs(s):.....

To be filled in case of minor nominee(s)/disabled member

Name of the guardian: CID No:

Signature or thumb impression of the guardian(s):

I hereby declare that the information provided above is true and correct to the best of my knowledge. I confirm that the nominee(s)/legal heir(s)/guardian(s) declared above is/are the legal beneficiary(ies) of the deceased/disabled member.

Seal and Signature of the Authorized Employer

Name: Designation:

Office: Place & Date: