

Royal Insurance Corporation of Bhutan

Registered Office : PHUNTSOLING, BHUTAN.

FIDELITY GUARANTEE APPLICATION FORM

All information will be treated as strictly confidential

1. Full name and address of applicant	Age of Applicantyrs
2. Full name, address and business of Employer.....	Amount of Guarantee Nu
3. State fully nature of occupation for which the guarantee is required.....	
4. a) Annual Salary for appointment (less deduction, if any) ... b) Annual Commission (if any) ... c) Give full particulars of your other income. If none state 'none' ...	a) Nu..... b) Nu..... c)
5. a) Have you any private debts or liabilities except ordinary accounts for the current year ? ... b) If so, state the amount ...	a) b) Nu.....
6. Are you possessed of or entitled in reversion to any property ? If so, state generally its nature and its encumbrances, if any....	
7. a) Are you single, married or a widower ? ... b) State number of persons (if any) dependent upon you....	a) b)
8. a) Are you a householder ? ... b) If not, do you reside with relatives ? ... c) Do you own the furniture ? ... d) If, so, estimate its value ... e) Is it encumbered ? ...	a) b) c) d) e)
9. How long have you resided at your present address ? If under 12 Months, state previous address and period there.	
10. a) Are you security for any person ? ... b) If so, state particulars ...	a) b)
11. Where you ever bankrupt or insolvent, or have you ever arranged with your Creditors ? ...	
12. a) Is your life insured ? ... b) If so, give name of Company, amount and Policy number and state whether encumbered or not ...	a) b)
13. a) Have you ever made any application for guarantee before b) If so, state the name of the Company, the date of application and the result...	a) b)

14. **Employment during past ten year** Please give the dates as accurately as possible and if there are intervals of more than a month between engagements show the period and indicate your means of livelihood during then **Please Write Clearly.**

From			To			Capacity	Name and <u>Postal Address</u> of Employer	Reason for Leaving
Day	Mo.	Yr.	Day	Mo.	Yr.			

15. Mention two householders (not relatives) who have known you for some length of time to whom the Company may refer.

Name of referee	Occupation	Full Postal Address
1.
2.

From..... To.....
 Policy and Renewal Notice To.....

PREMIUM
Nu

TO ROYAL INSURANCE CORPORATION OF BHUTAN

I hereby declare that the foregoing answers are correct, without any reservation whatsoever

Date.....19..... Applicant's Signature.....

The Liability of the Corporation does not commence until the acceptance of the Proposal has been intimated by the Corporation, or official cover-note issued