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**ROYAL INSURANCE CORPORATION OF BHUTAN LTD.**

**CHANGE OF NOMINATION**

**(Form No. 16)**

I,.....the holder of Policy No.....  
hereby propose to change the nominee/s to whom money secured by the above insurance  
policy shall be paid in the event of my death.

**Existing nominees as mentioned below:**

Sl.No.	Name of nominee	Relationship to policyholder	% Share	Reason for cancellation
1.				
2.				
3.				
4.				

**Kindly replace the above nominees with the new nominees:**

Sl.No.	Name of nominee	Relationship to policyholder	% Share	Reason for Nominee change
1.				
2.				
3.				
4.				

**Declaration:** I hereby confirm that the information provided is true and accurate to the best of my knowledge. If proven to be false, I shall be liable for punishment as per the law of the land.

**(Signature of the policyholder)**

Date: dd/mm/yyyy Place:

**(Signature of Witness)**

**Name:**

**Date:** dd/mm/yyyy

**Place:**



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**ROYAL INSURANCE CORPORATION OF BHUTAN LTD.**

**INSTRUCTION FOR CHANGE OF NOMINATION**

1. A change of nomination can be made only by the policyholder.
2. This form after duly filled, along with the policy document must be sent to the corporation for registration for the change of nomination. A change of nomination will not be effectual unless it is communicated and registered by the corporation.
3. If the assured is not conversant with English: he/she must sign/put thumb impression before a person who fully understands English and that person should witness the form after explaining the contents of the document.

<b>(FOR OFFICIAL USE)</b>	
Branch Name:	Date of Submission:
Received By:	
	EID No. & Signature