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ROYAL INSURANCE CORPORATION OF BHUTAN LTD.

HEAD OFFICE: THIMPHU

PROPOSAL FORM FOR DRUKYUL LIFE INSURANCE SCHEME

Household No.			
Village			
Gewog		Dzongkhag	

Sl. No	Name	Gender	CID No	Date of Birth	Age	Premium per member (Nu.)	Total Premium (Nu.)
Total Premium payable (Nu.)							

I, do hereby declare that the information provided above are full and true in each and every respect.

Signature of the Proposer	
Name	
Place and Date	

FOR OFFICIAL USE BY RICB			
RICB Branch Name		Date of submission	
Proposal Number		Receipt No.	
Verified by (EID No. & Signature):			