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ROYAL INSURANCE CORPORATION OF BHUTAN LTD.

Date:

GIS/GSLI Merging of Accounts

Name of Account Holder:

CID No.:

Name of Agency:

Details of Accounts to be merged:

Account no		Account no	
Name of the agency		Name of the agency	
Policy number		Policy number	
Account number to be retained			

Reasons for account duplication:

List of supporting documents attached

Processed by: -

Verified/ Approved:

Name of the Employee:

Name of the Manager:

Employee ID:

Employee ID:

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