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ROYAL INSURANCE CORPORATION OF BHUTAN LTD.



Form R3

Date: DD/MM/YYYY

Authorization Letter to Forfeit the GIS/GSLI benefit Amount.

Dear Sir/Madam,

I, Mr./Mrs. _____, bearing CID No. _____, and
GIS/GSLI Account No. _____, hereby undertake that I have worked with
_____ from ____/____/____ to ____/____/____ and
have been separated from service due to _____.
Since I am unable to claim the benefit amount due to _____
_____, I voluntarily authorize RICBL to forfeit my GIS/GSLI benefit.

Yours sincerely,

Affix Legal Stamp & Signature

Name: _____

Designation: _____

Contact No: _____

Witness Signature

Name: _____

Designation: _____

Contact No: _____

FOR RICBL USE

Branch Name:	Received On: DD/MM/YYYY
Received By	Employee Name:
	Employee ID: