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ROYAL INSURANCE CORPORATION OF BHUTAN LTD.

Life Insurance Division

Nomination Form

(Form No. 16)

1. New Proposal

a) Nominee(S) Details (A nominee should either be a close relative or a legal heir)

If the proposer wishes to nominate a person whom the money secured by the policy applied for are to be paid in the event of death. Please state full name of the nominees.

Sl.#	Name of Nominee	CID #	Relationship	DOB	Age	% of Share	Contact number	Address

2. Change of nomination

If the proposer wishes to cancel the previous nominee/s and appoint new nominee/s to whom money secured against his/her insurance policy shall be paid in the event of his/her death

Policy No	1	
	2	
	3	
	4	

a) Details of pervious Nominee(S)

Sl.#	Name of Nominee	CID #	Relationship	DOB	Age	% of Share	Contact number	Address



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b) Details of New nominee/s(A nominee should either be a close relative or a legal heir)								
Reason for Nominee change								
Sl.#	Name of Nominee	CID #	Relationship	DOB	Age	% of Share	Contact number	Address

3. In case of minor nominee

a) Details of Appointee (A major and competent person be appointed as appointee to receive policy money during the nominee's minority on his behalf)									
Please state the name of the person whom you wish to appoint to receive the policy money in the event of the claim arising during the minority of the nominee. The appointee must sign below to show his/her consent to the appointment.									
Sl.#	Name of Appointee	CID #	Relationship	DOB	Age	% of Share	Contact number	Address	Signature

Document required as per AML/CFT

Corporate Office, Thimphu, Post Box No 315 EPABX: +975 02 321161/323487

eMail: contactus@ricb.bt Visit us @ www.ricb.bt Call us @ 1818



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1. CID copy of Nominee/s
 2. CID copy of Appointee (In case of minor Nominee)
 3. Proof of Relationship of the nominee to the proposer
 4. Proof of Relationship of the appointee to the assured



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ROYAL INSURANCE CORPORATION OF BHUTAN LTD.

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:

INSTRUCTION FOR CHANGE OF NOMINATION

A change of nomination can be made only by the policyholder.

1. 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.
2. 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.

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