



དཔལ་ལྷན་འབྲུག་གཞུང་། ཡུན་ཚྲིག་སྒྲིང་ཁྲོམ་སྡེ།
ROYAL GOVERNMENT OF BHUTAN
PHUENTSHOLING THROMDE
POST CODE 21101, POST BOX NO. 02, PELKHIL LAM



Form for Declaration of Dependents & Nominee

I, _____ holding Citizenship ID No. _____, Employee ID No. _____, Village _____ Gewog _____, Dzongkhag _____, do hereby declare that the names mentioned below are my dependents:

Sl. No	Name	CID No	Relation	Remarks
				Nominee
				Dependent

In the event of their demise, benefits as defined in the PTSWS by laws, may be paid to me.

I hereby nominate and confer on _____, CID No. _____ the right to receive the entire amount that may be payable to me by the PTSWS in the event of my death.

I hereby declare that the information given above are true and correct and I commit full responsibility thereof and I shall be liable for action as deem fit under the bye laws of PTSWS.

Signature:

Date:

Affix
Legal
Stamp

Verification by PTSWS Management

Dy. Chief Finance Officer

Member Secretary

Head of Agency

Chairperson