

Royal Insurance Corporation of Bhutan Limited
Group Savings Cum Insurance Scheme
Refund/claim application (Form No. 2)

(To be filled-in by the employer for payment of benefits under Government Employees' Group Savings-Cum-Insurance Scheme 1987)

Name of member.....CID.....

Account Number.....Date of birth/Age.....

Date of joining service.....

In case of claim due to death/missing/permanent disability of a member

Date of death/missing/disablement.....

Cause of death.....

Name of nominee(s)/legal heirs(s).....

CID No. of nominee(s)/legal heir(s).....

Signature or thumb impression of the nominee(s)/legal heirs(s).....

In case of minor nominee(s)/disabled member

Name of the guardian..... CID No.....

Signature or thumb impression of the guardian(s).....

I hereby declare that the information provided above is true and correct to the best of my knowledge. I confirm that the nominee(s)/legal heir(s)/guardian(s) declared above is/are the legal beneficiary(ies) of the deceased/disabled member.

Signature of Head of the Department

Office Seal

Name.....

Designation.....

Office.....

Place.....

Date.....