



ཡུལ་གྱི་བཅོམ་ཚད་འཛིན།
Bhutan Insurance Limited
Providing Security. Building Confidence

Your insurer of
CHOICE

FORM B: CONSENT FORM

The Chief Executive Officer/Compliance Officer
Bhutan Insurance Limited
Chorten Lam
Post Box No.:- 779
Thimphu: Bhutan

I, the undersigned, consent to my nomination as Directors in Bhutan Insurance Limited made by the

Following shareholder(s):

- 1.
- 2.
- 3.
- 4.
- 5.

Name of Candidate :
Candidate's mailing address :
Telephone Number :
Mobile Number :
Fax Number :
Email :
CID Number :

Place :

Date :

Signature