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Bhutan Insurance Limited
Providing Security, Building Confidence

Your insurer of
CHOICE

NOMINATION FORM

Name of the Employee:

CID No/work permit no:

Name of the Organization:

SL#	Name of nominee	Relationship	CID No.	Date of Birth	Present Address of the Nominee	Share of Payable
1.						
2.						
3.						
4.						
5.						

To be- filled up in case of minor nominee: -

Name of the Guardian:.....

Guardian Citizenship ID No:.....

Guardian Address :.....

Guardian Signature/Thumb Impression:.....

Signature of the member

Signature of the employer with seal