

SDSWS Form I

The Chairman,
SD Staff Scheme,
Dzongkhag Administration,
Samtse: Bhutan.

Sub: Declaration of Membership/Undertaking/authorization.

Sir/Madam,

I Mr. /Ms. _____ do hereby declare that I have read and understood the rules and regulations of the SD Staff Welfare Scheme -2009(SDSWS-2009). Having read and understood this, I wish to become a registered member of the scheme.

I do also hereby declare that once I become a registered member of the scheme, I shall abide by the rules and regulations coming into effect from time to time. In case found guilty of breaching the rules and regulations, I shall be by the decision of the Management committee.

I hereby authorize the account section to deduct a monthly contribution of Nu. _____ from my Salary.

Kindly record my Permanent address as furnished below:
Permanent Address:

Date:

Signature:

Full Name:

Copy to:

1. Administrative Officer, Samtse Dzongkhag for necessary action Please.

For Official Use Only.

Mr. /Ms. _____ is hereby registered as a member of SDSWS-2009 with effect from _____. She/he has been allocated registration No. _____

Executive Secretary.

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Mr./Ms. _____ hereby declare that the names mentioned below are my living dependents.

1. Spouse(Name) _____ Date of Birth(dd/mm/yy)
_____ Citizenship No. _____.

2. Children.

2.1. Name _____ Date of Birth(dd/mm/yy)
_____ Citizenship No. _____.

2.2. Name _____ Date of Birth(dd/mm/yy)
_____ Citizenship No. _____.

2.3. Name _____ Date of Birth(dd/mm/yy)
_____ Citizenship No. _____.

2.4. Name _____ Date of Birth (dd/mm/yy)
_____ Citizenship No. _____.

3. Father (Name) _____ Date of Birth(dd/mm/yy)
_____ Citizenship No. _____.

3.1. For the one whose father is not alive, Please give the following details:

Nominee(Name). _____ Date of Birth(dd/mm/yy)
_____ Citizenship No. _____.

4. Mother(Name) _____ Date of Birth(dd/mm/yy)
_____ Citizenship No. _____.

4.1. For the one whose father is not alive, Please give the following details:

Nominee(Name). _____ Date of Birth(dd/mm/yy)
_____ Citizenship No. _____.

In the event of the demise of any of my dependents, benefits as defined in the SDSWS-2009 may be given to me.

I hereby nominated Mr./Ms _____ the right to receive the entire amount that may be payable to me by the SDSWS-2009 in the event of my death.

Date: _____

Signature: _____.

Full Name: _____.

Address: _____.

Verified and forwarded for Registration.

SECTOR HEAD.

The above information on the dependents/nominations has been recorded by me.

**EXECUTIVE SECRETARY
SDSWS.**