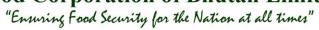


ञ्चात्रज्ञानचतः र्श्वेर 'यशत् है व कि प्र Food Corporation of Bhutan Limited "Ensuring food Security for the Nation at all times"





CORPORATE HEAD OFFICE

Welfare Contribution Re-impursement Form	(FCB-SVVS FORM - VII)
	Date:

The Chairman FCB Staff Welfare Scheme Phuentsholing: Chhukha

Subject: Application for Re-imbursement of Staff Welfare Scheme contribution.

out just 1-product the interest of ou	The state of the s
Sir,	
I, Mr./Mrs./Ms	have resigned/retired/voluntarily resigned
The state of the s	t from vide office order
Nodated	
Therefore I would like to request you to k	indly sanction the re-imbursement of my contribution
	A photocopy of my office order
is attached herewith for your references.	Tributed by the control of the contr
	- Olivi
Submitted for kind approval.	
Yours Sincerely,	
	(Signature)
	Name:
	Designation:
	Division/Depot/Unit: Contact No:
	Bank Account No
	Barik Account No
for months may kindly be sanctioned.	(Signature) Controlling Officer, HRAD
OFFICE USE ONLY	Controlling Officer, Tikitib
	contribution is formonths. Therefore, a sum e sanctioned.
On	(Treasurer, FCBL-SWS)
I hereby certify that the reason submitted by approval.	y the applicant is true and recommend for your kind
	(General Secretary, FCBL-SWS)
Approved/ Not Approved	(
II , FF	
	(CHAIRMAN, FCBL - SWS)

Website: www.fcbl.bt