

## ञ्जायनुगाननर र्ह्येन त्यस्य देहे त्र स्ट्री Food Corporation of Bhutan Limited

"Ensuring Food Security for the Nation at all times"
CORPORATE HEADQUARTERS



## Welfare Contribution Re-imbursement Form (FCB-SWS FORM - VII)

The Chairman	Date:
FCB Staff Welfare Scheme Phuentsholing: Chhukha	
Subject: Application for Re-imbursement of Se	taff Welfare Scheme contribution.
from the service/membership with effect No	y sanction the re-imbursement of my contribution
for months fromto is attached herewith for your references.	A photocopy of my office order
Submitted for kind approval. Yours Sincerely,	(Signature) Name: Designation: Division/Depot/Unit: Contact No: Bank Account
	p <mark>licant has resigne</mark> d/retired from the Food Corporation of mended that the re-imbursement of his/her contribution
OR	(Signature)  Controlling Officer, HRAD
OFFICE USE ONLY Verified and found that the re-imbursement of of Numay kindly be	contribution is for months. Therefore, a sum e sanctioned.
I hereby certify that the reason submitted by tapproval.	(Treasurer, FCBL-SWS) the applicant is true and recommend for your kind
Approved/ Not Approved	(General Secretary, FCBL-SWS)
	(CHAIRMAN, FCBL - SWS)