

ञ्शातन्त्र्यानचतः र्ह्येन त्यमात्र हैं न त्यमात्र

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



WELFARE GRANT APPLICATION FORM (FCBL- SWS FORM-III)

The Chairman,	Date:
FCBL Staff Welfare Scheme Food Corporation of Bhutan Limited	
Phuentsholing.	
Subject: Application for	claims of Welfare Grant
 Name of the Member Employee No. CID No.: Bank Account No. Division/Depot/Units 	:
7. Welfare Grant availed for the demise of a. Name of the deceased b. Relationship to the member c. Age of the deceased:	d. CID No. of the deceased:
I hereby declare and assure that all the information pmy knowledge.	provided above are true and accurate to the best of Signature of Applicant
(Enclose photocopy of Death Certificate/official documents)	
(For Official Use Only)	
I hereby declare that the reason submitted by the approximation.	plicant is true as per our records and forward it for
C	(ADM/Asst. ADM, FCBL-HQ)
As duly verified by HRAD, I hereby recommend for Nu(Ngultrum	payment of welfare grant amounting to
ORATIC	(Treasurer- FCBL- SWS)
I hereby certify that the reason submitted by the application kind approval.	licant is true and would like to recommend for your
	(General Secretary, FCBL- SWS)
Approved/Not Approved	
	(CHAIRMAN, FCBL-SWS)