



འབྲུག་ལུག་ལུ་སྤྱོད་ལས་འཛིན་ཚད།
Food Corporation of Bhutan Limited
"Ensuring Food Security for the Nation at all times"
CORPORATE HEAD OFFICE



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

Date:

The Chairman,
 FCBL Staff Welfare Scheme
 Food Corporation of Bhutan Limited
 Phuentsholing.

Subject: Application for claims of Welfare Grant

1. Name of the Member :
2. Employee No. :
3. CID No.:..... 4. Contact No.:
5. Bank Account No. :
6. 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 provided above are true and accurate to the best of my knowledge.

Signature of Applicant

(Enclose photocopy of Death Certificate/official document of the deceased.)

(For Official Use Only)

I hereby declare that the reason submitted by the applicant is true as per our records and forward it for necessary consideration.

(ADM/Asst. ADM, FCBL-HQ)

As duly verified by HRAD, I hereby recommend for payment of welfare grant amounting to
 Nu..... (Ngultrum.....) only

(Treasurer- FCBL- SWS)

I hereby certify that the reason submitted by the applicant is true and would like to recommend for your kind approval.

(General Secretary, FCBL- SWS)

Approved/Not Approved

(CHAIRMAN, FCBL-SWS)