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Food Corporation of Bhutan Limited
"Ensuring Food Security for the Nation at all times"
 CORPORATE HEAD OFFICE



MEMBERSHIP APPLICATION FORM (FCBL-SWS FORM-I)

Date:

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

Subject: Application for FCBL- SWS Membership.

**APPLICANT
 TO AFFIX
 LATEST
 PASSPORT
 PHOTO HERE**

Madam/Sir,

1. I, Mr./Mrs. Ms.....bearing employee ID No.....& CID No.....do hereby declare that I have read and understood the Rules and Regulation of the Food Corporation of Bhutan Limited Staff Welfare Scheme (FCBL-SWS) as outlined in its by- laws and wish to become a registered member of the scheme.
2. I do hereby declare that once I become a registered member of the FCBL- SWS. I shall abide by the rules and Regulations and any amendments, which may come into effect from time to time. In case, I am found guilty of breaching the rules and regulations, I shall be abide by the decision of the FCBL-SWS Management.
3. I hereby authorize the FCBL-SWS Treasurer to deduct a onetime fee of Nu. 600 (Six hundred only) as a registration and entry fee and subsequently my monthly contribution of Nu. 300 as membership contribution plus deduction for any recoveries from my monthly salary as described in the FCBL-SWS Rules and Regulations.

DECLARATION OF DEPENDANTS/NOMINATION

I hereby declare that the names mentioned below are my living dependants:

Sl. No	Name	CID No.	Date of Birth
Spouse			
1.			
Children including legally adopted children (attach supporting documents)			
1.			
2.			
3.			
4.			
5.			
Parent's Details of the Member			
1.			
2.			
Parent's details of the spouse			
1.			
2.			



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I attach herewith copies of citizenship ID cards of all my dependants mentioned above and in the event of the demise of any of my dependants, benefits as defined in the Rules of FCBL-SWS may be granted to me.

I hereby nominate Mr./Mrs./Ms.bearing CID No.whose signature is attested herewith.

Nominee's Details (Permanent address)

Village :
 Gewog :
 Dzongkhag :
 Relationship to the Member :
 Nominee's Contact No. :

Affix Legal
Stamp

(Nominee's Signature)

I hereby declare that all information provided above is correct and true to the best of my knowledge.

Designation :
 Division/Region/Depot :
 Contact No. :

Affix Legal
Stamp

Member's Signature

(For Official Use Only)

Mr./Mrs./Ms.is hereby registered as a member of the FCBL-SWS with effect from.....S/he has been allocated registration No.....

Verified by (General Secretary)

Approved/Not Approved

(SWS Chairman)