

NOMINATION FORM FOR RETIREMENT BENEFITS

I, Mr/Mrs/Ms……………………………………….. Bearing CIDNo……………………….. from Dzongkhag……………………., Gewog……………….., Village……………………. EID No………………

hereby solemnly nominate the following individuals to receive the retirement benefits **(Gratuity, Group Insurance Scheme, and Group Term Insurance)** payable to the undersigned in the event of my demise. I authorize no other individuals, regardless of their relationship with me than those who are exclusively mentioned in this form.

| ***Nominee(s)*** | ***Relationship*** | ***CIDNo.*** | ***Payable Share (%)*** |
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***Note:****Attach CID copies of the Nominees*. *Signature of the Employee:*

*Signature of the Witness:*

**VERIFIED AND APPROVED BY THE EMPLOYER**

*(Signature) (Signature)*

**HR Manager Acting Director (DoCS)**

