



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

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

Subject: Application for claims of Welfare Grant

1. Name of the Member/ beneficiary :
2. Employee No. :
3. CID No. :
4. Division/Depot/Units :
5. Welfare Grant availed for the demise of
 - a. Name of deceased :
 - b. Age of deceased :
 - c. CID No. of the deceased :
6. Contact No.:..... 7. Bank Account No.:.....

I hereby declare and assure that all the information provided above are true and accurate to the best of my knowledge.

Date:

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)