



འབྲུག་རྒྱལ་ཁོག་གི་སྤྱི་ལམ་འཛིན་ཚད།  
**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.

APPLICANT  
 TO AFFIX  
 LATEST  
 PASSPORT  
 PHOTO HERE

**Subject: Application for FCBL- SWS Membership.**

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
<b>Spouse</b>			
1.			
<b>Children including legally adopted children (attach supporting documents)</b>			
1.			
2.			
3.			
4.			
5.			
<b>Father (Member/Spouse)</b>			
1.			
2.			
<b>Mother (Member/Spouse)</b>			
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

\_\_\_\_\_ **(Nominees Signature)**

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

Designation:.....

Division/Location Name:.....

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)**