Annexure I

MEMBERSHIP REGISTRATION FORM

I, Dasho, Mr, Ms_____[Name]_____[Position], currently working in _____[HQ, RO, Depot, Farm Shop], holding Bhutanese Citizenship ID No_____ wishes to join as a member to Charo Group with effect from _____[Day]_____[Month]_____[Year] until further notice.

I confirm that my membership to Charo Group is purely on a voluntary basis with no influence and imposition from the management or any individuals. I have carefully read the Charo Group Guidelines before joining into this group and I'm fully aware of its benefits and liabilities to which I show my complete support.

By joining as a member to this group, I authorize the Charo Group Committee to deduct SEMSO contributions of Nu. 50/Nu.100 [tick the amount] as per the membership contribution slab as and when unfortunate incidences occur in the family of any of the registered members.

Thank you
Your's Sincerely,

Name_____
Designation_____
Work station_____
Email and Mobile_____

Annexure II

DECLARATION OF DEPENDANTS/NOMINATION FORM

I Dasho/Mr./Mrs./Ms. ……[name] hereby declare that the names mentioned below are my dependants who I wish to register for benefits from the Charo Group.

Sl. No	Name	CID No.	Date of Birth
A. Spouse			
1.			
B. Children including legally adopted children (attach supporting documents)			
2.			
3.			
4.			
5.			
6.			
C. Father and In-law father (attach supporting documents)			
7.			
8.			
D. Mother and in-law mother (attach supporting documents)			
9.			
10.			

I hereby nominate Mr./ Mrs./ Ms_____[name] bearing CID No._____ who is my_____[relationship] to receive the entire amount that may be payable to me from CHARO GOURP in the event of my demise. H/she can be directly contacted at _____[Mobile no] or _____[email]

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

Signature_____
Date:_____

Affix
Legal
Stamp

Verified by_____
Name_____
General Secretary of CHARO GROUP

SEMSO CLAIM FORM

Date_____

The Chairman
Executive Committee
Charo Group

Sub: Request for SEMSO payment

Dear sir,
I'm writing grief to inform you that _____[Name of the diseased] who is _____[Relationship to the member] of _____ [Name of the member] has suddenly expired on _____[Date] for which I request you to instantly arrange a SEMSO contribution of Nu._____ by cash/bank transfer [tick the preferred mode] in favor of Dasho/Mr/Ms _____I have verified the case and it was found to be valid
The timely release of our modest SEMSO contribution will be of immense help to our member to carry out funeral rites and other necessary arrangements.

Thank you
Your's sincerely,

Name_____
Designation_____
Work station_____
Email and Mobile_____