ༀ༎འབྲུག་བཟའ་སྐྱོང་ལས་འཛིན་ཚད།
Food Corporation of Bhutan Limited
"Ensuring Food Security for the Nation at all times"
CORPORATE HEADQUARTERS

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 (%)***

Note:*Attach CID copies of the Nominees*.

Signature of the Employee:

Signature of the Witness:

VERIFIED AND APPROVED BY THE EMPLOYER

(Signature)
HR Manager

(Signature)
Acting Director (DoCS)