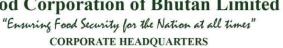


## Food Corporation of Bhutan Limited





## **NOMINATION FORM FOR RETIREMENT BENEFITS**

I,	Mr/Mrs/Ms		Bearing	CIDNo	from	
Dzo	ngkhag	, Gewog	, Village		. EID No	
hereby solemnly nominate the following individuals to receive the retirement benefits ( <b>Gratuity, Group Insurance Scheme, and Group Term Insurance</b> ) 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)	Relationsh	ip (	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)				(Signature)		
HR Manager				Acting Director (DoCS)		