

৯৯ | | নর্শ প্র বর্ষ মর্জ্য রুব। Bhutan Insurance Limited Browiding Security, Building Confidence

Your insurer of CHOICE

APPENDIX - 3

FORM OF CHANGE OF NOMINATIONS

I Mr/Mrs/Miss	the	the member of the Private Provident	
Fund Scheme, P.F A/c. No:	Dept. code	do hereby	
nominate my:	Mr/Mrs/Miss	CID	
No	Aged years, residi	ng at	
	to l	be the person to whom money	
shall be paid in the event of my d	eath in lieu of Mr/Mrs/Miss/Mas	ter	
	mentioned in the reg	istration from (Appendix – 2).	
Dated the	day of	20	
WITNESS			
Signature:			
Full Name:			
CID No:			
Designation:			
Address:			
		(Signature of the member)	
		CID No:	