





## Claim Form (Form 2)

### Information about the deceased

- Full name:
- Citizenship identity card no.:
- Date of death (dd/mm/yyyy):
- Employee? (Please tick) **Yes** **No**

### If yes, provide the information below:

- EID no.:
- Department/Division:

### 2. Information about the claimant

- Full name:
- Citizenship identity card no.:
- Relationship to the deceased:
- Employee? (Please tick) **Yes** **No**

### If yes, provide the information below:

- EID no.:
- Department/Division:

### 3. Attach the following documents:

- Photocopy of the citizenship identity card of the deceased
- Photocopy of the citizenship identity card of the claimant
- Death certificate or a statement from the Gup certifying the death
- Marriage certificate in case of claim for the spouse

### 4. Undertaking:

I, hereby do confirm that the above information is true to the best of my knowledge. In the event the above declaration is found to be incorrect, I shall be liable for action as per the law of the land.

Sd/

Place:

Date:

(Legal stamp)

Signature



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**NATIONAL CSI DEVELOPMENT BANK LTD**



Start small to grow big

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**For official use only:**

**Verification by the HR Manager:**

Date  
 Name  
 Signature  
 Official seal

**Approval by the Head of the Agency**

Date  
 Name  
 Signature  
 Official seal

**Payment by the Accounts Officer**

Paid to: ..... Nu.....  
 In cheque (no.).....dated.....being semso grant in  
 favor of late.....bearing CID no.....

Name  
 Signature  
 Official seal



### Reimbursement Form (Form 3)

*This form is only for those members who have not made a single claim.*

#### A. Information about the member

- Full name:
- Position Title and Level:
- EID no.:
- Department:
- Mobile no.
- Membership period:...../...../..... to ...../...../.....
- Reason for withdrawal (tick wherever relevant and attach Office Order):

1. Voluntary resignation
2. Early Retirement Scheme
3. Completion of contract term

Sd/

Place:

Date:

(Legal stamp)

Signature

#### B. Refund

- Total cumulative amount: Nu. ....-/-
- Total refundable amount: Nu. ....-/- (60% of the total cumulative amount)
- Bank details
  - ✓ Account no.:
  - ✓ Name:
  - ✓ Branch:

#### Verification by the HR Officer:

Date

Name

Signature

Official seal



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### Semso Disbursement Form (Form 4)

Name:
Designation:
Name of deceased:
Relation:
Date of expiry:
Signature of the member:
<b>For Management use only:</b>
Amount disbursed:
Cheque No.
Remarks:
<b>Recommended by:</b>
<p style="text-align: center;"><b>Treasurer</b> <span style="float: right;"><b>Member Secretary</b></span></p>
<b>Approved by:</b>
<p style="text-align: center;"><b>Chairman</b></p>