

EMPLOYEE WELFARE MEMBERSHIP DECLARATION FORM

I, Mr./Mrs./Ms.....Employee ID No..... do hereby declare that I have read and understood the rules and regulations of the EWS. Having understood the conditions of the EWS, I hereby authorize DCCL to deduct prescribed amount from my salary as a contribution.

I also affirm that the names disclosed below are my EWS beneficiaries:

1. Personal Information

SNo.	Name:	
1	CID No.:	
2	Thram No.:	
3	House No.:	
4	Village:	
5	Gewog:	
6	Dungkhag/Dzongkhag:	

2. Nominees

- Employee's spouse & children
- Employee's parents
- Employee's parents-in-law

Required documents for nominee:

- Individual CID copy
- MC or legal document if divorced
- Health card for children
- Legal document of adopted child

3. Nomination to receive semso in event of employee's death

I, Mr./Mrs./Ms.....employee ID No..... do hereby nominate and confer on:

Mr./Mrs./Ms.....(Husband/Wife/Son/Daughter/Father/Mother/Father-in-law/ Mother-in-law/Brother/Sister), the right to receive the entire amount that may be payable to me by the EWP in the event of my death.

Disclaimer:

I hereby declare that the above information provided about the self and the nominee of the undersigned are true and correct. Should DCCL management prove that the information provided as above is/are false, I shall be liable for disciplinary or legal actions with forfeiture of semso benefit.

Dated Signature of Employee
Name:
Designation:
Office:
Affix legal stamp

Dated Signature of Witness
Name:
Designation:
Office:

SNo.	Beneficiary	Name	CID No.
1	Spouse		
2	Father		
3	Mother		
4	Mother-in-law		
5	Father-in-law		
6	Children above one year		
7			
8			
9	Children below one year		