

།དཔལ་ལྷན་འབྲུག་པའི་ཁྲིམས་གྲི་འདུན་ས།

THE ROYAL COURT OF JUSTICE



འབྲུག་གི་མངོན་མཐོ་ཁྲིམས་གྲི་འདུན་ས།

SUPREME COURT OF BHUTAN

JSWS SEMSO CLAIM FORM NO. II

1. Name of Applicant.....Designation.....

2. CID.....Employee ID.....

3. Name of Court/Office.....

4. Bank Name.....Account No.....

5. Claim submitted for the demise of (tick and enter details below)

- Father.....CID.....
- Mother.....CID.....
- Spouse.....CID.....
- Children.....CID.....

I have enclosed a copy of CID, Death Certificate and Bank Statement for the last six months of my Saving Account.

I hereby declare that all information provided above is true and accurate. If the above information is found to be incorrect, I may be penalized as per the Penal Code of Bhutan.

Signature of the ApplicantContact No.....

The undersigned has verified the application and was found to be true.

**Verified by
Head of Concerned Court/Office**

For Official use only

Recommended for the payment of Gift Claim of Nu. (in figure).....

(In words).....

Documents Checked by

**Sanctioned by
Member Secretary**

**Approved by
Registrar General**