

THIMYUL PHENDHEY TSHOGPA

FORM NO. 2 – Benefit Claim Form

1. Information about the deceased

Full name: _____

CID #: _____

Date of Birth (dd/mm/yyyy): _____

2. Information of the claimant

Full name: _____

CID #: _____

Village: _____

Relationship to the deceased: _____

Mobile Ph. No. _____

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.

Date:

Signature

Payment made by the Treasurer

Paid to: Nu.

..... in cheque (No.)

Dated being Semso granted on

..... bearing CID No.

.....

Name:

Signature: