*FORM-* LDZWS*/1/ FORM-1*

The Executive Secretary,

Dzongkhag Zhiwog Welfare Scheme,

Dzongkhag Administration, Lhuntse.

1. MEMBERSHIP REGISTRATION

Sir,

1) I Mr/Mrs./Ms\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, holding CID No………………….do hereby declare that I have read and understood the rules and regulation of the LDZWS as outlined in its by-laws. Having read this, I wish to become a registered member of LDZWS.

2) I do also hereby declare that once I become a registered member of LDZWS, I shall abide by the rules and regulations which may come into effect from time to time. In case I am found guilty of breaching the rules and regulation, I shall abide by the decision of the LDZWS Managing Committee.

3) I hereby authorize the AFD to deduct my monthly contributions from my monthly salary as described in the LDZWS by-laws.

Present address: Home address:

Designation…………………. Village: ………………………………

Sector…………………….... Gewog:………………………………

Add:……………………….. Dzongkhag:…………………………..

B. DECLARATION OF DEPENDANTS

1) I Mr./Mrs./Ms.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_hereby declare that the names mentioned below are my living dependants/parents or nominees/children/legal stepchildren as per the Laws of the land.

a) Spouse\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_I.D. Card No.\_\_\_\_\_\_

b) Children:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_of Birth\_\_\_\_\_\_\_\_\_\_\_\_I.D. Card No.\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_I.D. Card No.\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_I.D. Card No.\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_I.D. Card No.\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth…………………….I.D. Card No.—————

c) Member’s Father\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_I.D. Card No.\_\_\_\_\_\_

d) Member’s Mother\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_I.D. Card No.\_\_\_\_\_\_

e) One Direct Dependent (only if none of member’s parents are living at the time of registration)

Name………………………………Date of Birth……………………ID card No…………..

2) In the event of their demise, benefits as defined in the LDZWS Bye-laws may be given to me.

3) I hereby nominate and authorize Mr./Mrs./Ms.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ the right to receive the entire amount that may be payable to me by the LDZWS in the event of my death.

 I hereby declare that all the information given below are true and correct.

Date\_\_\_\_\_\_\_\_\_\_\_ Signature:

 Full Name:…………………………………..

 Address:…………………………………….

FOR OFFICE USE ONLY:-

Mr/Mrs/Ms\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_is hereby registered as a member of LDZWS with effect from\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_he/she has been allocated registration No\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Executive Secretary,

 Zhiwog Welfare Scheme

 Lhuntse