SWS Form II/20…./ **Form II**

**FORM FOR WELFARE GRANT**

1. Name of Member/Beneficiary :
2. Registration No. :
3. Employee ID No. :
4. Department/Division :
5. Citizen ID Card No. :
6. Welfare Grant availed for the death of :
7. Name of deceased :
8. Age of deceased :
9. Citizenship ID Card No. :

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

Date: …………………… Signature of Applicant

Enclose a photocopy of CID and Death Certificate.

……………………………………………………………………………………………………………..… :

**(For Official use only)**

*I hereby certify that the reason submitted by the applicant is true as per our records and forwarded for necessary consideration.*

Recommended for the payment of welfare grant amounting to Nu. ……………….. (Ngultrum ………………………………….) only.

Treasurer, SWS

I hereby certify that the reason submitted by the applicant is true and recommended for kind approval.

Secretary General

NHDCL Staff Welfare Scheme

Approved/Not Approve

**CHAIRMAN, SWS**