



Claim Nomination Form for Tshongdrel Ngotshab

I, bearing Citizenship Identity Card No.....(attached) from Village:.....Geog:.....Dzongkhag:..... appointed as a **Tshongdrel Ngotshab** for Bank of Bhutan (BoB), hereby would like to nominate the following person(s) for claiming the accrued benefit amount(s) upon my demise:

SI No	Name of the Nominee	Relationship with the Tshongdrel Ngotshab	% of share payable	Name, CID No, address and contact details of the person to whom payment is to be made
1				
2				
3				
4				
		Total Share		



I declare and undertake the following to be enforced by the Bank of Bhutan:

1. The BoB is hereby authorized to make the adjustment against any loan if any before disbursing the same to my nominees.
2. The above nominee will be eligible to make the claim(s), subject to the availability of the accrued benefit(s) amount in the bank.
3. The percentage of the claim declared by the undersigned is final and binding on all nominees and hence there will not be any dispute or recourses, whatsoever by the nominees.
4. The Bank of Bhutan is fully authorized to make the payment of balance amount (s) from accrued benefits to the nominee immediately upon making the claim(s)
5. The Bank of Bhutan will obtain receipts of payments being made to the nominee(s)
6. Once the payment is being made to the nominee, there will not be any further claim(s) by the nominee(s)

I have carefully read and fully understood the procedures for the legal claim from the accrued benefit(s) of Bank of Bhutan; and Bank of Bhutan will not be liable whatsoever once the payments to the nominee(s) have been completed.

Witness:

Signature:.....

Name:.....

CID No:.....

Contact No:.....

BoB Account Number (If any):.....

Affix Legal
Stamp and
Signature
of the
Tshongdrel
Ngotshab