

SEMSO APPLICATION FORM



The President
Postal Staff Welfare Fund
Bhutan Postal Corporation Limited
Thimphu

Subject: Application for Semso

1. Name of the Member/ beneficiary:
2. Citizen ID No:
3. Division/Region:
4. Welfare Grant availed for the demise of:
 - a) Name of deceased:
 - b) Age of deceased:
 - c) CID No. of the deceased:
 - d) Relation:

I hereby declare and assure that all the information provided above is true and accurate to the best of my knowledge.

Date:

Signature of Applicant

Affix Legal
Stamp

(Enclose photocopy of Death Certificate/official document of the deceased)

(For Official Use Only)

I hereby certify that the reason submitted by the applicant is true and would like to recommend for your kind approval.

(Head Division/Region)

I hereby declare that the reason submitted by the applicant is true as per our records and forward it for necessary consideration.

(Secretary)

Recommended for payment of welfare grant amounting to Nu.....only

(Treasurer)

Approved/Not Approved

(President)