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DISABLED PEOPLE'S ORGANIZATION OF BHUTAN

Registration No. CSOA/PBO 09

MEMBERSHIP CLAIM FORM

Date: .../.... /.....

1. Information about the person with disability or contributing member(deceased)

- Full Name:
- .CID No:
- CID No:
- Address:
- Date of Disability/Death (date...../month/.....year.....)
- Membership No.

2. Information about the claimant

- Full Name:
- CID No.:
- Address:
- Relationship to be the deceased:
- Name of the bank/branch:
- Bank Account No.

3. Attached Medical certificate/ a copy the death certificate OR a statement from the Gup certifying the death.

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:

Legal Stamp

Crosscheck the following documents (Photocopy) as applicable

- I. Medical Certificate/copy of the Death Certificate/statement from gup certifying the death
- II. CID Card of the claimant
- III. CID Card of the deceased