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**DISABLED PEOPLE'S ORGANIZATION OF BHUTAN**

Registration No. CSOA/PBO 09

**Membership Form**

**The Bank Manager**

- BANK OF BHUTAN
- BHUTAN NATIONAL BANK
- BHUTAN DEVELOPMENT BANK

Dear Sir/Madam,

I, Mr./Mrs/Ms/Dasho.....holding CID No .....  
hereby authorize your bank to kindly debit a sum of **Nu 200/300/500/or** .....**only** (in words.....**Only**) per month from my **savings/current** account No....., maintained with your bank, w.e.f ..... for a period of :**1 year/ 2 years /3 years/ 4 years/ 5 years/...../Lifetime** (Please tick)

The amount will be credited to the Disabled People's Organization of Bhutan (DPOB) in one of the following accounts:

Sl #	Name of Bank	Account Number	Please select ✓
1	Bank of Bhutan	200303756	
2	Bhutan National Bank	652092947	
3	Bhutan Development Bank	101000692101	

This Standing Instruction shall remain valid until the undersigned cancels it.

Thanking you,

Yours sincerely,

Signature (As recorded with the bank)

Name.....

Contact No.....

Address.....

Email Address.....

**General Information for contributing members:**

1. All donations made to DPOB are eligible for tax exemption
2. Please visit our website to claim the following;
  - i. Donation receipt (for PIT/BIT/CIT)
  - ii. Letter of appreciation
  - iii. Membership benefits