

།དཔལ་ལྷན་འབྲུག་པའི་ཁྲིམས་གྲི་འདུན་ས།

THE ROYAL COURT OF JUSTICE



འབྲུག་གི་མངོན་མཐོ་ཁྲིམས་གྲི་འདུན་ས།

SUPREME COURT OF BHUTAN

JSWS SEMSO CLAIM FORM NO. II

1. Name of Applicant.....Designation.....
2. CID.....Employee ID.....
3. Name of Court/Office.....Monthly Deductions (Nu)
4. Bank Name.....Account No.....
5. **Claim submitted for the demise of (tick and enter details below)**
 - Father.....CID.....
 - Mother.....CID.....
 - Father-in-Law.....CID.....
 - Mother-in-Law.....CID.....
 - Spouse.....CID.....
 - Children.....CID.....

I have enclosed a copy of the CID and death certificate of the deceased and a six-month Bank Statement of my savings account.

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

Signature of the Applicant**Contact No.**.....

The undersigned has verified the application and was found to be true.

Verified by
Head of Concerned Court/Office

For Official use only

Recommended for the payment of Semso Claim of Nu. (in figure).....

(In words).....

Documents Checked by

Sanctioned by
Member Secretary

Approved by
Registrar General