

The Chairman, HSWS  
Thimphu

**Application for HSWS Membership**

Madam/ Sir,

1. I, Dr/Mr/Mrs/Ms..... bearing RCSC Employee ID No..... do hereby declare that I have read and understood the rules and regulations of the HSWS as outlines in its bylaw. Having read these, I wish to become a registered member of the HSWS.

2. I do also hereby declare that once I become a registered member of the HSWS, I shall abide by the rules and regulations of the HSWS as well as any amendments to these rules and regulations, which may come into effect from time to time . In case I am found of breaching the rules and regulations, I shall abide by the decision of the HSWS Management Board.

3. I hereby authorize the HSWS to deduct monthly contribution of Nu 100.00 per month form my salary as membership contribution.

Present Address:

Home Address:

Signature .....

Date .....

Copy to:

- 1. The Dzongda, Dzongkhag Administration, .....
- 2. DHSO, DMO, .....

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**FOR OFFICE USE ONLY**

Dr/Mr/Mrs/Ms.....is hereby registered as a member of HSWS with effect form .....He or she has been allocated Registration Nu.....

Sign and seal of the **Manager**

**Declaration of Beneficiaries and Nominee**

I, Dr/Mr/Mrs/Ms/ ..... do hereby declare that the names mentioned below are my dependents:

	Name	Date of birth
a.	<b>Spouse</b> .....	.....
b.	<b>Children</b>	
1.	.....	.....
2.	.....	.....
3.	.....	.....
4.	.....	.....
5.	.....	.....
c.	<b>Father</b> .....	.....
d.	<b>Mother</b> .....	.....

In the event of their demise, benefits, as defined in the HSWS Bylaws may be given to me.

I hereby nominate and confer on Dr/Mr/Mrs/Ms/ ..... the right to receive the entire amount that may be payable to me by the HSWS in the event of my demise.

I hereby declare that all the information given below are true and correct.

Date:  
Signature  
Full Name  
Address

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Verified by ..... (DMO/ DHSO/ Adm. Officer)

Verified by ..... (Director, AFD)