

PHPA STAFF WELFARE FUND
“Declaration of Membership Form”

I, Mr./Mrs./Miss..... Designation in PHPA.....do hereby declare that I have read and understood the “PHPA Staff Welfare Fund’s” Rules and Regulations. Having read these I wish to become a registered Member of the Fund.

I also hereby declare that once I become a registered Member of the Fund, I will abide by the Rules and Regulations of the Fund. In case I am found guilty of breaching the Rules, I shall abide by the decision of Welfare Committee of the Fund, as regards to the Penalty that would be enforced.

The details of my living family members are as follows:

- | | | |
|-------------------------------|------------|----------------------|
| 1. Father (CID copy) | : | |
| 2. Mother (CID copy) | : | |
| 3. Spouse (CID copy) | : | |
| 4. Spouse’s Father (CID copy) | : | |
| 5. Spouse’s Mother (CID copy) | : | |
| 6. <u>Name of Children</u> | <u>Age</u> | <u>Date of Birth</u> |

Date:.....

(Signature)

.....

(For Office use only)

Mr./Mrs./Miss.....is hereby Registered as a Member of PHPA Staff Welfare Fund effective from.....

He/She has been allotted Registration No.....

Date:.....

[Chairman]
PHPA Staff Welfare Fund
Wangdue : Bhutan

NOMINATION:

I, Mr./Mrs./Miss.....
hereby nominate persons mentioned below who is a member(s) of my family and confer on him/her the right to receive the entire amount that may be payable to me by the PHPA “Staff Welfare Fund” in the event of my death.

Name of Nominee	Relationship	Age	Remarks

Witness 1.....
 2.....

(Signature of the Member)

Date:.....
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