# Annex 1

**DoA-SWS Form 1**

**REGISTRATION OF MEMBERSHIP**

The Chairman

DoA Staff Welfare Scheme

Department of Agriculture

Thimphu

Dear Sir,

1. I,……………………………………hereby declare that I have read and understood the rules and regulations of the DoA-SWS as outlined in its bye-laws. Having read that, I wish to become a registered member of the DoA-SWS

2. I also hereby declare that once I become a registered member of the DoA-SWS, I shall abide by the rules and regulations which may come into effect from time to time. In case I am found guilty of breaching the rules and regulations, I shall abide by the actions taken by the DoA-SWS Management Committee against me.

3. I hereby authorize the account section of AFD to debit Nu. 300.00 (Three Hundred only) as one-off membership fee and Nu. 150.00 (One Hundred and Fifty Only) per month from my salary as monthly contribution to the Scheme as described in the DoA-SWS bye-laws.

Name:

Signature:

Designation:

Employee ID no:

Date:

Present Working Address: Present Home Address:

…………………………….. ……………………………

…………………………….. …………………………….

…………………………….. …………………………….

…………………………….. ……………………………..

FOR OFFICE USE ONLY:

Mr/Ms/Dr……………………………….……is hereby registered as a member of DOA-SWS with effect from …………………………. He/She has been allocated Registration No……………………….

**Chairman**

**DOA-SWS**

# Annex 2

**DoA-SWS Form 2**

**DECLARATION OF NOMINEES**

1. I, Mr/Ms/Dr………………………………………..hereby declare that the names mentioned below are my living dependents.

1. Spouse: Name………………………Citizenship ID card No……………………

b. Parents: 1. (Father) Name ………….Citizenship ID card No………………….....

2. (Mother) Name…………Citizenship ID card No..............................

C. Children: Name…………………….Citizenship ID card No..............................

Name…………………….Citizenship ID card No..............................

Name…………………….Citizenship ID card No..............................

1. In the event of their demise, benefits as defined in the DoA -SWS Bye-laws may be given to me.
2. I hereby nominate

(Name and address of nominee No 1) (Name and address of nominee No 2)

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who is my ..............………………… who is my…………………...

the right to receive \_\_\_\_%of the entire amount the right to receive \_\_\_\_%of the that may be payable to me by the entire amount that may be payable DoA-SWS in the event of my death. to me by the DoA-SWS in the event of my death.

I hereby declare that all the information given above is true and correct.

Dated Signature of Applicant

Verified by:

Name:……………………………………..

Designation………………………………..

Seal:……………………………………….

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Note: Photocopy of spouse’s Citizenship ID Card, photocopy of Marriage Certificate and photocopy of nominated person’s Citizenship ID Card must be submitted along with these forms.

# Annex 3

**DoA-SWS Form 3**

**APPLICATION FOR SEMSO**

1. Name of DoA-SWS Member/Beneficiary……………………………………………

2. Designation……………………………………………….

3. Division/Unit……………………………………………………..

4. DoA-SWS Membership No……………………………………….

5. *Semso* availed for (tick the relevant one)

**􀂾** Death of spouse

Name………………………………….

Citizenship ID No………………………………………….

**􀂾** Death of child

Name…………………………………

Citizenship ID No……………………………………………

**􀂾** Death of Parent

Name……………………………….

Father/mother………………………………………………

Citizenship ID No……………………………..

Death of Member

**􀂾** Name………………………………….

Citizenship ID No………………………………….

6. **Documents enclosed:**

1. Death Verification Certificate from Gup.
2. Death Certificate from the Hospital in the prescribed Form issued by the Hospital.

I hereby declare that all the information provided here is true and accurate.

**Dated Signature of Applicant**

**Verification by Division Chief**

I hereby declare that information provided by the applicant is true to the best of my knowledge.

**Name and dated Signature**

**Verification by the Member Secretary**

I hereby declare that information provided by the applicant is true to the best of my knowledge.

**Approved/Not Approved Name and dated Signature**

**Chairman**

# Annex 4

**DoA-SWS Form 4**

**APPLICATION FOR CASH GRANT IN EVENT OF DISTRESS**

1. Name of DoA-SWS Member/Beneficiary……………………………………………

2. Designation……………………………………………….

3. Division/Unit……………………………………………………..

4. DoA-SWS Membership No……………………………………….

5. Description of distress:

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I hereby declare that all the information provided here is true and accurate.

**Dated Signature of Applicant**

**Verification by Division Chief**

I hereby declare that information provided by the applicant is true to the best of my knowledge.

**Name and dated Signature**

**Verification by the Member Secretary**

I hereby declare that information provided by the applicant is true to the best of my knowledge.

**Approved/Not Approved Name and dated Signature**

**Chairman**