



དཔལ་ལྷན་འབྲུག་གཞུང་།
འབྲུག་ལྗོངས་རྩིས་བཀག་འཛིན་དབང་འཛིན།
ROYAL GOVERNMENT OF BHUTAN
Bhutan Narcotics Control Authority
Thimphu: Bhutan



SWS CLAIM FORM

1) Information about deceased:

- a. Full name:
- b. CID No.
- c. Date of death:
- d. If member, provide the information below:
 - ✓ EID No.
- e. Tick ONLY one whichever is applicable:
 - ✓ Member
 - ✓ Direct Dependent

2) Information of the claimant:

- a. Full Name:
- b. CID No.
- c. EID no.
- d. Mobile No.
- e. Relation to the deceased.
- f. Name of the bank.
- g. Bank account No.

3) Attach the death certificate OR a statement from the Gup certifying the death.

4) Undertaking:

I hereby do confirm that the above information is true to the best of my knowledge. In the event if the above declaration is found to be incorrect, I shall be liable for any action as per the law of the land.

Place:

Signature

Date:

(Legal stamp)



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འབྲུག་རྒྱལ་ཁབ་རྒྱལ་ཁོངས་དབང་འཛིན་པའི་འཛིན་པ།
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1) Verification By SWS Focal person

- a. Copy of CID of the deceased:
- b. Copy of marriage certificate if the claim is for the spouse:
- c. Copy of birth certificate if the claim is for the child below 18 years of age:
- d. Legal adoption paper from of the office of NCWC (for the adopted child)

Name and signature of the verification officer

Approval by the head of Agency/SWS chairperson

Name:
Signature
Date:
Official seal