

DISASTER ASSISTANCE APPLICATION FORM

The President
City Bus Service Welfare Fund
City Bus Service
Thimphu

Subject: Application for claims of Disaster Assistance

- 1. Name of the Member/ beneficiary:
- 2. Citizen ID No. :
- 3. Division/Region:
- 4. Welfare Grant availed for:
 - a) Nature:
 - b) Date:

I hereby declare and assure that all the information provided above are true and accurate to the best of my knowledge.



Date:

Signature of Applicant

(For Official Use Only)

I hereby certify that the reason submitted by the applicant is true and would like to recommend for your kind approval.

(Head Division/Region)

I hereby declare that the reason submitted by the applicant is true as per our records and forward it for necessary consideration.

(Secretary)

Recommended for payment of welfare grant amounting to Nu.....only

(Treasurer)

Approved/Not Approved

(President)