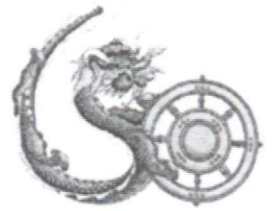




འབྲུག་རྒྱལ་ཁྲེན་སྲུང་ལས་འཛིན་ཚད།



ROYAL INSURANCE CORPORATION OF BHUTAN LTD.

HEAD OFFICE: THIMPHU

RICB

PROPOSAL FORM FOR LOAN CARE INSURANCE
PROPOSER'S DETAILS

Full Name of Proposer:	
Citizenship ID Card No. :	
Address (Mailing) :	
Mobile # /Phone # :	
Nationality :	
Date of Birth :	
Loan availed from (Name of the Financial Institute)	
Name of Employer/Department	
Period of Insurance (Term)	

• Documents Required: ID Card copy

SUM ASSURED: _____ (Maximum Limit up to One million five hundred thousand only)

Loan Account Number _____

Premium

The insurance coverage is payable as under:

- Death due to natural and un-natural causes:** Total Loan Balance (Principal plus Over Due plus Interest) or Sum insured whichever is lesser as on the date of misfortune.
- Total Permanent Disablement:** Total Loan Balance (Principal plus Over Due plus Interest) or Sum insured whichever is lesser as on the date of misfortune.

Permanent Disablement

- Permanent disablement including: Paralysis, Permanent Paraplegia, Permanent Quadriplegia,

INSURE WITH RICB TO BE SURE

Thimphu : Post Box: 315 Phone: + 975-2-321037, 322426, 321161, 323487, 324282, 325858, 323993, 336267, 336758
Email: ricbho@druknet.bt, Website: www.rib.com.bt Toll Free Nos: THIMPHU-181, PHUENTSHOI (NG-151)

Br.	P/LING RO	BAJO	BUMTHANG	DAGANA	GASA	GEDU	GELEPHU	PARO	HAA
Tel	05-252482/252509	02-481927	03-631101	06-481289	02-688221	05-282330	06-251070	08-271281	08-37535
Fax	05-252453/252869							08-272853	
Br.	J/TSHANGKHA	KHUTRUTHING	LHENTSE	MONGAR	NGANGLAM	P/GATSHEL	GOMTU	08-272019	08-37536
Tel	07-264032	02-584310	04-545176	04-641116	07-481221	07-471290	05-371255	SAMTSE	T/GANG
Fax	07-264033	02-548346	04-545176	04-641446	07-481222	07-471290	05-371255	05-365235	04-52115
Br.	S/JONGKHAR	TRONGKHA							

[LC-1]

LETTER OF CONSENT

Date:.....

To:

The National Pension and Provident Fund
Thimphu

Ref.: Consent on Loan Care Insurance

Sir,

I would like to avail the Loan Care Insurance provided by the Royal Insurance Corporation of Bhutan Limited (RICBL). Therefore, I authorize the National Pension and Provident Fund(Lender) to deduct the insurance premium as applicable from my Loan sanctioned by the NPPF and make upfront payment in lump sum to the RICBL for the entire loan term.



Legal Stamp

Signature

Name:.....

Address:.....

Contact No:.....