

**FORM -1**

**INDIVIDUAL REGISTRATION FORM**  
**FOR NUBRI RETIREMENT SAVINGS PLAN (RSP)**

|  |   |                               |                                 |
|--|---|-------------------------------|---------------------------------|
| <b>1. PERSONAL DETAILS</b>             |   |                               |                                 |
| Name:                                  | Gender  | Male <input type="checkbox"/> | Female <input type="checkbox"/> |
| CID No ( <i>Please Enclose copy</i> ): | Date of Birth ( <i>dd/mm/yyyy</i> ) :         |                               |                                 |
| Employment No:                         | Nationality:                                  |                               |                                 |
| Designation:                           | Organization:                                 |                               |                                 |
| <b>Present Address:</b>                | <b>Correspondent Address:</b>                 |                               |                                 |
|  |   |                               |                                 |
| <b>Permanent Address</b>               |   |                               |                                 |
| Village:                               | House No:                                     |                               |                                 |
| Gewog:                                 | Thram No:                                     |                               |                                 |
| Dzongkhag:                             | Phone No:                                     |                               |                                 |
| Date of Appointment in Service:        | Date of Joining RSP (First installment date): |                               |                                 |
| Mobile No:                             | Email Address:                                |                               |                                 |

|                                       |                                      |
|---------------------------------------|--------------------------------------|
| <b>2. SPOUSE DETAILS (if married)</b> |                                      |
| Name:                                 | Date of Birth ( <i>dd/mm/yyyy</i> ): |
| Nationality:                          | CID No:                              |
| Village:                              | Gewog:                               |
| Dzongkhag:                            | Contact No:                          |

**FORM -1**
**3. CHILDREN DETAILS**

| SL. No | Name | Date of Birth<br>(dd/mm/yyyy) | Gender | Remarks |
|--------|------|-------------------------------|--------|---------|
| 1      |      |                               |        |         |
| 2      |      |                               |        |         |
| 3      |      |                               |        |         |
| 4      |      |                               |        |         |

**4. NOMINATION OF BENEFICIARIES FOR RSP**

| SL. No | Name of Nominee | Relationship with the member | Share of RSP Payable (%) |
|--------|-----------------|------------------------------|--------------------------|
| 1      |                 |                              |                          |
| 2      |                 |                              |                          |
| 3      |                 |                              |                          |
| 4      |                 |                              |                          |

**5. DECLEARATION**

I hereby solemnly declare that all the information provided above is true to the best of my knowledge and belief.

Name:

Designation:

Organization:

Date (dd/mm/yyyy):

Affix legal  
stamp

(Applicant's signature)

**Note: Please enclose copy of appointment letter.**

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**FORM -1****6. FOR EMPLOYER**

This is to certify that the information hereby furnished in respect of Mr/Ms/Mrs/Dr/Dasho \_\_\_\_\_ is complete and verified from the service record maintained in this office. This information may be used by the Nubri Capital.

\_\_\_\_\_  
Name of Accounts Officer:

Date (dd/mm/yyyy):

\_\_\_\_\_  
Signature & Seal

Name of Human Resource Officer:

Date (dd/mm/yyyy):

\_\_\_\_\_  
Signature & Seal

**7. FOR NUBRI CAPITAL**

Data entered by:

RSP No allotted:

Date (dd/mm/yyyy):

\_\_\_\_\_  
Signature & Seal