

## DECLARATION OF DIRECT FAMILY MEMBERS FORM

### Employee's Details

Name:	Father's Name:	Mother's Name:
CID No. (new):	CID No. (new):	CID No. (new):
D.O.B:	D.O.B:	D.O.B:
Designation:	Village:	Village:
Village:	Gewog:	Gewog:
Gewog:	Dzongkhag:	Dzongkhag:
Dzongkhag:		

---

### Spouse Details

Name:	Father's Name:	Mother's Name:
CID No. (new):	CID No. (new):	CID No. (new):
D.O.B:	D.O.B:	D.O.B:
Designation:	Village:	Village:
Village:	Gewog:	Gewog:
Gewog:	Dzongkhag:	Dzongkhag:
Dzongkhag:		

---

### Children Details

1. Name:	D.o.B	CID No.(new)
2. Name:	D.o.B	CID No.(new)
3. Name:	D.o.B	CID No.(new)
4. Name:	D.o.B	CID No.(new)

*(Please use extra sheets if required)*

---

1. I have attached herewith the copies of Marriage Certificate and the Children's Health Card *(if applicable)*.

2. In event of their demise, DWS semso as defined in the DWS By Law may be given to me.

3. I, hereby nominate and confer Mr/Mrs/Miss....., the right to receive the entire semso in event of my death.

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

**Date:**

**(Signature of Member)**