



FORM ESWS/1.0

DECLARATION OF MEMBERSHIP FORM

The Chairperson

Education Staff Welfare Scheme

Ministry of Education

Thimphu

I, Mr./Mrs./Ms.holding RCSC EID No.
Designation hereby declare that I have read and understood the
rules and regulations of the ESWS as outlined in its By-Laws. Having read these, I wish to become a
registered member of the ESWS.

I do also hereby declare that once I become a registered member of the ESWS, I shall abide by the
rules and regulations of the ESWS as well as any amendments to these rules and regulations which
may come into effect from time to time. In case I am found guilty of breaking the rules and
regulations, I shall abide by the decision of the ESWS Managing Committee.

I hereby authorize the ESWS to deduct my monthly contributions and loan recoveries from my bank
account as described in the ESWS bye-laws.

Present Address:

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Home Address:

Citizenship I.D No (Attach copy):.....
House No.....
Village:.....
Gewog:.....
Dzongkhag:.....
Contact No:
Email id:.....

Date & Year of Joining as Member:.....

Submission Date:.....

(SIGNATURE)

(For Office use only)

**Mr./Mrs./Miss. is hereby registered as a
member of the ESWS with effect from.....**

Manager, ESWS

.....
.....



FORM ESWS/2.0

DECLARATION OF DEPENDENT FORM

I, Mr./Mrs./MS..... do hereby declare that names mentioned below are my living dependents which are updated in the EMIS system:

Spouse:.....Citizenship I.D No:.....

Marriage Certificate No:.....

Children Name.....

.....

Father Name:.....Citizenship I.D No:.....

Mother Name:.....Citizenship I.D No:.....

In the event of their demise, benefits, as defined in the ESWS bye-laws, may be given to me.

I hereby nominate and confer on Mr./Mrs./Ms.the Right to receive the entire amount that may be payable to me by the ESWS in the event to my death.

I hereby declare that all the information given above is correct.

Submission Date:

(SIGNATURE)

Verified by:Signature (Seal).....

(Principal/DEO/ TEO/Heads for HQ & Others)

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STANDING INSTRUCTION FORM FOR ESWS MEMBER ONLY

Date: _____

The ESWS Manager

Ministry of Education

Kawangjansa, Thimphu

SUBJECT: STANDING INSTRUCTION FOR ESWS MEMBERSHIP MONTHLY CONTRIBUTION PAYMENT

Dear Sir/Madam,

Please set up Standing Instruction on my account as follows;

DEBIT:

Saving Account Holder's name: _____

Account No. : _____

Bank Branch: _____

ESWS Membership Fee (Nu) **150**

Amount in words (Total Amount): **One Hundred Fifty Only**

CREDIT:

ESWS Membership Contribution Account Holder's Name: ESWS Membership Account

Account No.: 202055031

Bank Branch: Thimphu

Please create the SI to transfer the ESWS Contribution from my SB account to the ESWS contribution account mentioned above on or immediately after 25th of the month. The SI should be enforced from _____ (Month & Year) and any changes shall be intimated accordingly.

I undertake to retain the ESWS Contribution amount in my SB account and I will be held liable for any over-dues including penalty charged by the Bank in case of insufficient balance for the contribution deduction.

Yours Sincerely,

Witness (*Need to be an ESWS Member)

Name & Signature: _____

Name & Signature: _____

CID No.: _____

CID No.: _____

EID No.: _____

EID No.: _____

Contact No. : _____

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