



གསོ་བའི་ལས་གཞི་གསལ་ལོན་དེ་ལས་འཆར།
HEALTH STAFF WELFARE SCHEME
Ministry of Health
Thimphu : Bhutan



HSWS/SI/ IC

The Manager,
 Bank of Bhutan Ltd. /Bhutan National Bank Ltd.,
 Thimphu: Bhutan.

Subject: Standing Instruction for remittance of HSWS contribution to Health Staff Welfare Scheme.

Dear sir/Madam,

I, the undersigned hereby authorize Bank of Bhutan Ltd/Bhutan National Bank Ltd. to set up standing Instructions on my account with effect from to transfer **MONTHLY/QUARTERLY/HALF-YEARLY/YEARLY** Nu. (In words.....) as follows:

DEBIT: FROM MY BANK ACCOUNT NO			
BANK NAME		BRANCH	
ACCOUNT HOLDERS NAME			
CREDIT TO: Health Staff Welfare Scheme		Account No	
BANK NAME		BRANCH	

The SI shall remain valid until such time unless withdrawn with mutual consent of the relevant parties or resigned/transferred from service.

Yours Sincerely

Signature of the Account Holder

Date:

Name of applicant client.....

Citizenship ID No.....

Contact No.....