

**DISABLED PERSONS' ASSOCIATION OF BHUTAN**

**Membership Form**

**Name** :  
**Date of Birth** :  
**CID No.** :  
**Village** :  
**Gewog** :  
**Dzongkhag** :  
**Contact No.** :  
**Present Address** :  
**Profession** :  
**Email Address** :

I hereby confirm, at my own will, that I am joining as a member of this Association for **(1 year/ 3 years/ 5 years/.....years)** and am willing to contribute a sum of **Nu (100/ 300/ 500/ ..... ) a month from my salary**. The information/particulars provided herewith are true and accurate to the best of my knowledge. If any of the details change, I undertake to inform the Association.

Signature/Date

**Verified by Head of Agency/seal & signature**

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Approved by: Membership No. DPAB/\_\_\_\_\_

Signature/Name

Date: ..... / .....

The Bank Manager

- Bank of Bhutan Limited
- Bhutan National Bank
- T- Bank
- Druk Punjab National Bank Ltd
- BDBL

**Sub: Standing Instruction for Transfer**

Dear Sir/Madam,

I, ..... holding CID No. ....  
hereby authorize your bank to kindly debit a sum of Nu...../(in words ..... )  
per month from my **saving/current** account No. .... and credit it to  
Disabled Persons' Association of Bhutan's Account No. **200303756** maintained with  
your bank w.e.f .....month for **1 year/ 3 years/ 5 years/.....years.**

This Standing Instruction shall remain valid until being cancelled by the undersigned.

Thanking you

Yours sincerely,

Signature (signature recorded with the bank)

Name: .....

Contact No: .....

Address: .....

Email address .....