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**BHUTAN TELECOM LTD.**

**Registered Office in Thimphu**



**EMPLOYER ASSURANCE FORM FOR ISSUANCE OF SIMCARDS TO  
NON-BHUTANESE**

**A. EMPLOYER'S INFORMATION** (Please fill this form in fully legible letters)

1. Title:      Lyonpo       Dasho       Lam       Dr.       Mr.       Ms.

2. **Name of the Employer:**

First.....Middle.....Last.....

3. **Citizenship Identity Card No:** .....

4. **Contact Number:** .....

5. **Present Address:** .....

6. **Permanent Address**

a) Village.....b) Gewog.....c) Dzongkhag.....

**B. DECLARATION**

I hereby declare that I am standing as a guarantor for Mr/Mrs ..... bearing passport no / work permit no ..... All the information provided is true, I take full responsibility to immediately report to the Bhutan Telecom in the event the employee leaves the country or when the work contract is over to disable the SIM. Failing, I take full responsibility for any subversive activities undertaken through the use of this SIM card.

Affix Legal  
Stamp and  
Signature

Date: .....