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BHUTAN TELECOM LIMITED

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: