

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

**A. Employer's Information** *(Please fill this form in fully legible letters)*

**1. Tittle**

Lyonpo  Dasho  Lam

Doctor  Mr.  Ms.

**2. Name of the Employer**

a. First\_\_\_\_\_Middle\_\_\_\_\_Last\_\_\_\_\_

**3. Citizenship Identity card**\_\_\_\_\_

**4. Contact Number** \_\_\_\_\_

**5. Present Address**\_\_\_\_\_

**6. Permanent Address**

Village\_\_\_\_\_Gewog\_\_\_\_\_District\_\_\_\_\_

**B. DECLARATION**

I hereby declare that I am standing as a guarantor for Mr./Mrs. \_\_\_\_\_bearing passport number / work permit number\_\_\_\_\_. 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 a legal stamp & signature

Date\_\_\_\_\_ (MM/DD/YY)