



འོང་འབབ་དང་ཅ་དམ་ལས་ཁུངས།
དངུལ་རྩིས་ལྷན་ཁག།

DEPARTMENT OF REVENUE & CUSTOMS
MINISTRY OF FINANCE
THIMPHU



DUTY FREE MEMBERSHIP RENEWAL FORM

Date: _____

Please fill in personal details as below:

1. Name : _____ Membership No. _____
2. Designation: _____
3. CID no: _____
4. EID no: _____
5. Date of Promotion _____
6. Passport No: _____ (For Representatives of International Organization)
7. Duration of stay: _____ (For Representatives of International Organization)
8. Current Work Address: _____
9. Contact No:(Office) _____ (Mobile) _____
10. Email ID: _____

I, hereby declare that I have read and understood the terms and conditions given under membership application form and shall be held fully responsible for breach of the above provisions.

Date: _____

Name & Signature