

## ANNEXURE IX: Application Form for Change in Ownership of ECPF

**IMPORTANT NOTE:** False statement made knowingly and willfully in this application is punishable and shall be prosecuted in a Court of Law

### 1. ECPF Detail:

Name of the ECPF:

Proprietor of the ECPF:

Location of the ECPF:


### 1. New Proponent's Personal Information:

Name:

Gender: Male ( ) Female ( )

Date of Birth:

CID No.

Contact No.

Email ID:

Village:

Dungkhag:

Gewog:

Dzongkhag:

Passport size  
photograph  
of the  
proponent

### 3. Educational detail of the Proponent:

Name of the Course/Degree:

Name of the Institute:

Name of the University:


### 6. Declaration

I hereby declare that the information furnished herewith is true to the best of my knowledge. In the event of detection of false or misleading information, I confer herewith the absolute authority to DAHE to take any action deemed appropriate. I also undertake to uphold the laws of the Kingdom of Bhutan and observe all accepted norms, codes and ethics of business.

I hereby confirm and acknowledge that I have received information on the procedure for establishment of ECPF from the QAAD officials.



Dated signature of the proponent

I hereby confirm that the information furnished by the aforementioned person is true to the best of my knowledge. In the event DAHE finds declaration of false information, I, as the guarantor hereby undertake to be liable in place of the person for any administrative actions and legal actions in the Court of Law in accordance with the laws of the Country.



Dated signature of the guarantor

Name of Guarantor: \_\_\_\_\_

CID No: \_\_\_\_\_ (*attach copy*). Relation with the applicant: \_\_\_\_\_

Occupation: \_\_\_\_\_ Agency (*if applicable*): \_\_\_\_\_ Permanent Address:

Village: \_\_\_\_\_ Gewog: \_\_\_\_\_ Dzongkhag: \_\_\_\_\_

Email address: \_\_\_\_\_ Contact No.: \_\_\_\_\_