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ROYAL INSURANCE CORPORATION OF BHUTAN LTD.

R I C B

Your partner for growth and security”

CLAIM FORM FOR PARTIAL PF WITHDRAWAL

MEMBER’S APPLICATION FOR PARTIAL WITHDRAWAL

1. Name of applicant:
2. Citizenship ID No:
3. PF A/c.
4. Dept. Code No:.....
3. Designation:
4. Mobile No:.....
5. Office/ Employer:
6. Date of joining PF Scheme (dd/mm/yy).....
7. Purpose for which partial withdrawal is required.....
8. Amount Required.....
9. Last contribution date and Receipt No:
10. Office Order No. & date:

I hereby certify that all the aforementioned information are true and correct, and I assume full responsibility thereof. I request you to allow me to withdraw up to 50% of the total accumulated contribution with interest as admissible from my PF account.

Date:

Signature of Applicant

(To be furnished by the Employer)

We have no objection to allow the above member to withdraw 50% of the total accumulated contribution with admissible interest from his PF account maintained with your Corporation.

Seal & Signature
(Employers Authorized Signatory)
 Name:.....
 CID No.....
 Designation:
 Mobile No:



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ROYAL INSURANCE CORPORATION OF BHUTAN LTD.

APPENDIX - 6

MEMBER PF REFUND FORM

PF A/c.

Dept. Code No:

1. Name of applicant.....
2. Citizenship ID No:
3. Designation:
4. Mobile No:.....
5. Office/ Employer:
6. Date of joining PF Scheme (dd/mm/yy).....
7. Date of relieving from service (dd/mm/yy):.....
8. Reason for claim (Please tick):
 Voluntary Termination Compulsory Superannuation Others
9. Last contribution date and Receipt No:
10. Office Order No. & date:

I hereby certify that all the aforementioned information are true and correct, and I assume full responsibility thereof. I request you to refund my PF contribution with interest as admissible.

Date:

Signature of Applicant

RECOMMENDATION FROM EMPLOYER

This is to certify that the above information furnished in respect of the above employee is correct and verified from the service record maintained by this office and the refund of PPF benefits as admissible is recommended to be paid as under:

Option I:

Both employee's and employer's contribution with interest to be paid to the employee.

Option II:

Employee's contribution with interest to be paid to the employee and employer's part to the employer.

Option III:

Both employee's and employer's contribution with interest to be paid to the employer. The amount may be directly transferred to the following Bank Accounts depending on the payment options exercised above.

Kindly issue the cheque in favor of

Employer's Bank Account No.....,Bank Name.....

Employee's Bank Account No.....,Bank Name.....

Place:.....

Date:

Seal & Signature

(Employer's Authorized Signatory)

Name

CID No:.....

Designation.....



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ROYAL INSURANCE CORPORATION OF BHUTAN LTD.

RICB

Your partner for growth and security”

APPENDIX-7

PPF REFUND DISCHARGE VOUCHER

Cheque in favour of :.....

PF A/C #

Name of the Member :

Designation:.....

Dept. Name :

Dept. Code :.....

I do hereby acknowledge the receipt of Nu. vide cheque No.datedin full satisfaction and discharge of all payments owing to me by the RICBL.

Witness

Signature

Name:

CID No.:

Address:

Mobile No:

Signature of the Member:

Name:

CID No:

Mobile No:



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ROYAL INSURANCE CORPORATION OF BHUTAN LTD.

RICB

“Your partner for growth and security”

Date:

.....
.....
.....

Subject: Release of PF Benefits

Dear Sir/Madam,

I would like to bring to your notice that (.....) has relieved the following employee (s) from the company w.e.f.....

SL No	Name of Employee	CID No.	PF Account No.	Relieving Date

Therefore, I would be grateful if RICBL could kindly release the Provident Fund accumulations of the above-mentioned employee(s) as per the employer recommendation provided in the Claim form (Appendix 6). Kindly issue the cheque in favor of

His/her last contribution is till

Thanking you for your cooperation and support.

Yours’s Sincerely

(Seal & Signature)
Employer’s Authorized Signatory
Name:.....
CID No:.....
Mobile No:.....