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ROYAL INSURANCE CORPORATION OF BHUTAN LTD.

R I C B

Your partner for growth and security”

APPENDIX - 3

NOMINATION FORM FOR PF BENEFITS

Name of the Member:

Department Code no:

Name of the Employer/Organization:

Sl. No	Name of Nominee	CID No.	Relationship with Member	Date of Birth/Age	Share of PF Payable (%)
1.					
2.					
3.					
4.					
5.					

To be filled up in case of minor nominee:-

Name of Guardian:

Citizenship ID. No.

Address:.....

Signature/thumb imprint:

I hereby certify that all the aforementioned information are true and correct, and I assume full responsibility thereof.

Signature of the Employer with seal

Signature of the Member

NOTE: Actual date of birth is required in case the nominee is minor.