



**R I C B**

*Your partner for growth and security”*

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**ROYAL INSURANCE CORPORATION OF BHUTAN LTD.**

**REGISTRATION FORM**

**APPENDIX - 2**

I hereby declare that I have read the rules of the Private Provident Fund Scheme and I agree to be bound by them.

Name: ..... Gender: M/F

Date of Birth (dd/mm/yy): ..... Age: .....

Mobile No..... Email Add.....

Date of joining PF Scheme (dd/mm/yy): .....

Basic Salary: .....

Nature of Appointment (Please tick): Regular/ Contract

Designation: .....Grade:.....

Nationality: .....

• For Nationals (CID Card No.): .....

• For Non-nationals (Work Permit No.): .....

Name and address of the Company: .....

• Post Box No: .....

• Location: .....Office Contact No.....

Correspondence Address: .....

.....

.....

Permanent Address: Village:.....

Geog:.....

Dzongkhag:.....

**I hereby certify that the aforementioned information given are true, correct and complete to the best of my knowledge and belief.**

**Witness:**

Name:.....

CID No:.....

Address:.....

Mobile No.....

**Signature of Employee.....**

Name:.....

**Note: Please enclose copy of valid Citizenship ID Card/Work Permit**