



Authorized Signatory Form (Annexure 8)

Employer Details

Organization Name	
Address	
Contact Number	
Email	
TPN No.	
Business License No.	

Declaration

I/We, the undersigned, confirm that the individuals below are authorized to act on behalf of the organization for all matters related to the Private Provident Fund (PPF) Scheme with RICB. Any changes to this authorization will be communicated in writing.

Authorized Signatories:

Name	
Designation	
CID no./Passport no./ Work Permit no.	
Contact Number	
Email	
Signature	

Authorized Signatories:

Name	
Designation	
CID no./Passport no./ Work Permit no.	
Contact Number	
Email	
Signature	



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ROYAL INSURANCE CORPORATION OF BHUTAN LTD.



Employer's Certification

I hereby certify that the information provided above is true and correct. I understand that RICB will rely on this authorization for processing PPF transactions

Name (Head of Agency)	
Designation	
CID No./Passport no	
Contact Number	
Date	dd/mm/yyyy
Signature	
Official Seal	

FOR RICBL USE	
Branch Name:	Application received date: dd/mm/yyyy
Received By:	Employee Name:
	Employee ID: