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ROYAL INSURANCE CORPORATION OF BHUTAN LTD.



PPF account Merging Form (Annexure 9)

Date: dd/mm/yyyy

Name of PPF member	
CID No./Passport No./Work Permit	
Name of Agency	

Details of Accounts to be merged:

PPF Account No.		PPF Account No.	
Name of the Agency		Name of the Agency	
PF a/c to be retained			
Reasons for account duplication			
List of supporting documents attached			

Processed by	Verified/ Approved by
Signature	Signature
Name of the Employee	Name of the Manager
Employee ID	Employee ID