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ROYAL INSURANCE CORPORATION OF BHUTAN LTD.

MEMBER PF REFUND FORM(Annexure-6)

Name of the member	
CID	
DOB	
PPF Account No	
Name of the Agency	
Department Code No	
Designation	
Joining Scheme(dd/mm/yyyy)	
Relieving Date (dd/mm/yyyy)	
Last Contribution (mm/yyyy)	
Mobile No.	
Reason for claim	<input type="checkbox"/> Termination <input type="checkbox"/> Voluntary <input type="checkbox"/> Compulsory <input type="checkbox"/> Superannuation <input type="checkbox"/> Others

I hereby certify that all the aforementioned information is 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



༄༅། འབྲུག་རྒྱལ་ཁེན་སྲུང་ལས་འཛིན་ཚོང་།

ROYAL INSURANCE CORPORATION OF BHUTAN LTD.

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.

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

Signature of Employer
(Employer's Authorized Signatory)

Office Seal:

Name:
Designation:
Contact No:

FOR RICB USE	
Branch Name	Application Received Date
Received By	Employee Name
	Employee ID