Life Insurance Division

PPF Employee Registration Form (Annexure-2)

Date: DD/MM/YYYY

Organization Name		
Name of Employee		
Date of Birth	DD/MM/YYYY	
Sex	☐ Male ☐ Female	☐Others
Nationality		
CID. No/Work permit no.		
Designation		
Contact No.		
Email ID		
Present Address		
Basic Pay		
Contribution Percentage	**Employer**	**Employee**
Contribution Amount	**Employer**	**Employee**
Total Contribution		

Customer Privacy Consent

I consent to RICBL collecting, using, storing, verifying, updating, and sharing my personal data and KYC details for services, due diligence, compliance, audit, and lawful business purposes.
I understand that RICBL will protect my data, share it only where required or permitted, retain it as needed, and allow access, correction, update, or withdrawal of consent, where applicable. Withdrawal will not affect legal, regulatory, contractual, claims, audit, or legitimate business processing.

Signature of Employee

To be filled by the Employer

This is to certify that the information hereby furnished in respect of Mr./Mrs.…… is complete and verified from the service record maintained in this office. This information may be used by the RICB.

Signature of Employer
(Authorized Signatory)

Office Seal:

Name:

Designation:

Note: Please enclose copy of valid Citizenship ID card/Work permit/Driving License/Passport.

FOR OFFICIAL USE BY RICB					
RICB Branch Name		Date of submission	DD/MM/YYYY	KYC completed	Yes ☐ No ☐
Verified by:	Signature				
	Name				
	EID No.				