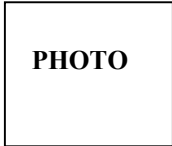


NATIONAL PENSION AND PROVIDENT FUND



ENROLLMENT/PIS FORM FOR ARMED FORCES PENSION AND PROVIDENT FUND SCHEME

1. Personal Details

a) Name
First Middle Surname

b) Sex

M	F
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 (Tick the correct one)

c) Date of Birth (As per Service records)
Day Month Year

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d) Nationality _____

e) Citizen ID Card No. _____ f) Date of Issue ____ / ____ / ____

g) House No. _____ h) Thram No. _____

i) Permanent Address
Village _____
Gewog _____
Dzongkhag _____

j) Present Address

k) Contact Telephone No. _____

l) Father's Name _____

m) Mother's Name _____

n) Date of Appointment in service Day Month Year

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o) Designation and Rank held _____

p) Name of Organisations *Tick the correct one*

RBG	RBA	RBP
-----	-----	-----

q) Place of posting _____

r) Basic salary _____

s) AFPPFS No. _____

t) Date of joining AFPPFS/ GEPF (*first installment date*) ____/____/____

2. Spouse Details (If married)

a) Name

First

Middle

Surname

b) Sex

M	F
---	---

(Tick the correct one)

c) Date of Birth

Day

Month

Year

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d) Nationality _____

e) Citizen ID No. _____

f) Date of Issue ____/____/____

g) Permanent Address

Village _____

Gewog _____

Dzongkhag _____

h) Father's Name _____

i) Mother's Name _____

j) Marriage Certificate No. _____ Date ____/____/____

k) Occupation _____

l) Provident Fund No. _____

m) RCSC/Agency Employment No. _____

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

Name _____
Designation/Rank _____
Organization _____
Date _____

Legal
Stamp

Applicant's Signature

Note: Please enclose copy of appointment letter

To be filled by the RBA/RBG/RBP:

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

Name of the
Finance Officer _____
Date _____/_____/_____

Signature & Seal

Name of
Administrative Officer _____
Date _____/_____/_____

Signature & Seal

To be filled by NPPF.

Data entered by _____
AFPPFS No. Allotted _____
Date : _____/_____/_____

Signature of Manager