NATIONAL PENSION & PROVIDENT FUND
THIMPHU

Photo

ENROLMENT FORM
FOR ARMED FORCES PENSION & PROVIDENT FUND SCHEME

AFPPFS NO

1. Personal Details.

a) Name
First _____ *Middle* _____ *Surname* _____

b) Sex M F *(Tick the correct one)*

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

d) Nationality _____

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

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

Permanent Address **Address for correspondence**

Village _____ _____

Gewog _____ _____

Dzongkhag _____ _____

i) Contact Telephone No. _____

j) Father's Name _____

k) Mother's Name _____

l) Date of Appointment in service *Day* *Month* *Year*

m) Date of joining AFPPFS (*First installment date*)

n) Rank/Designation _____

o) Name of Agency: RBA/RBG/RBP (*Tick*)

p) Place of Posting _____

q) Personnel No/ _____

r) Marriage Certificate No. _____ Date _____

2. **Spouse Details** *(If married, attach a separate sheet if there are more than one spouse).*

a) Name
First _____ *Middle* _____ *Surname* _____

b) Sex [M] [F] *(Tick the correct one)*

c) Date of Birth *Day* [ ][ ] *Month* [ ][ ] *Year* [ ][ ][ ][ ]

d) Nationality _____

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

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

Permanent Address **Address for correspondence**

Village _____ _____

Gewog _____ _____

Dzongkhag _____ _____

k) Contact Telephone No. _____

h) Father's Name _____

i) Mother's Name _____

k) Occupation _____If working, AFPPFS/NPPFP No.: _____

3. **Children Details (Pls. provide correct date of birth by d/m/y as per birth certificate)**

Sl.No.	Name	Date of Birth	Sex	Name of the Spouse from whom born	Remarks
1					
2					
3					
4					
5					
6					
7					
8					

4. **Nomination of beneficiaries for Provident Fund (Tier 2)**

Sl.No.	Name of Nominee	Relationship with the Member	Share of PF Payable (Percentage %)
1			
2			
3			
4			
5			
6			

5. Extraordinary Leave Availed

Sl.No.	From			To			Duration
	Day	Month	Year	Day	Month	Year	

6. Basic Salary for the last 12 months before retirement

Year Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec

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

Member's signature on Legal Stamp

Witness:

Signature :_____

Name :_____

Citizenship ID No.: _____

Organization :_____

Date :_____

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
Defense Accounts Officer _____

Date _____

Signature & Seal

Name of
Record Officer _____

Date: _____

Signature & Seal

To be filled by NPPF

Data Entered by _____

AFPPFS No. allotted _____
Date : _____

Signature of Manager