

FORM AF- IIS**NATIONAL PENSION AND PROVIDENT FUND
THIMPHU****APPLICATION FORM FOR SPOUSAL/CHILDREN/ DEPENDENT PARENTS BENEFITS****1. Personal Details of a deceased member:**

- 1.1 Name: (Late) _____
- 1.2 Sex. M F
- 1.3 AFPPFS No. _____
- 1.4 Dead certificate No. (attach the copy)_____
- 1.5 Date of dead: Day _____ Month _____ Year _____

Photo

2. Spousal/ Dependent parents details applying for spousal/ dependent parent benefits

Sl.No.	Name	Date of Birth	CID
1			
2			

3. Children Details applying for children benefit (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					

4. Provide two copies of your recent passport size for preparation of pension ID card**5. Applicant's Address for correspondence:**

Village/Town; _____

Gewog: _____

Dzongkhag: _____

Tele. No. _____

6. Basic salary of the deceased member for the last 12 months in case of death while in service

Months/ Year	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec

7. I hereby certify that all the aforementioned information are true and correct and I assume full responsibility thereof. In case of any misinformation/misdeclaration, I shall be liable for both administrative and punitive action deemed fit under the Armed Forces Pension and Provident Fund Scheme Rules and Regulations.

Place:

Date:

Witness: Signature: _____

Name: _____

Address: _____

CITIZENSHIP ID. NO. :

Applicant
signature on
Legal stamp

(To be filled in by RBA/RBG/RBP)

This is to certify that Mr./Mrs. _____ spouse/son/daughter of late _____ has considered spousal/children benefit on _____. The spousal/children benefit may please be paid as per Armed Forces Pension and provident Fund Scheme Rules and Regulations.

Recommended for spousal/children Benefit

Not recommended for spousal/children by benefit

**HEAD OF THE AGENCY
SEAL & SIGNATURE**