

ARMED FORCES PROVIDENT FUND REFUND FORM

1. Name of the member:
2. Designation & Grade:
3. Agency & Code:
4. Date of Joining Service:
5. Date of Leaving Service:
6. Reason for leaving service :Retirement/Voluntary/Resignation/
Medical/Termination/Death/Others/
Compulsary retired
7. Reliving Order No. & Date:
8. Last Pay Certificate No. & Date:
9. PF Account No.:
10. Citizenship ID No.:
11. Employee ID No.:
12. Date of Birth:
13. Age:

Signature of Member
(Signature of Nominee)

(To Be filled up by Agency)

14. Details of clearance Certificates enclosed.
 - a) Audit : Yes/No
 - b) Financial Institutes:
 - c) Dept. of works & Housing:
 - d) Dept. of Power:
 - e) City Corporation:
 - f) Bhutan Telecom:
 - g) Ministry of Finance:
15. Refund Approved for: : Member's cont. with interest/
both cont. with interest
16. Amount to be recouped & refunded against outstanding
dues to this agency: Name of the Agency
17. Name of Payee
 - a) Member
 - b) Agency
 - c) Nominee
(In case of Death of a member)

Finance Officer
(Verified By)

Welfare/Pay & Accounts Officer
(Verified By)

Head of the AFD
(Verified By)