





ཀྲུལ་ཡོངས་དགོངས་ལཱ་ཁྲིའི་ལུང་ཕོགས་དང་འཇོ་རྟེན་མ་དུལ།།

NATIONAL PENSION PROVIDENT FUND

Securing Future Together

p. Date of Joining NPPFP:  
Date      Month      Year  
\_\_\_\_\_

q. Bank Account No.: \_\_\_\_\_ Bank Name: \_\_\_\_\_

r. Employment Type:  Regular  Contract (Tick the correct one)

**2.Spouse Details (Attach Marriage Certificate. If there are more than one spouse, please attach a separate sheet)**

a. Name  
First Name      Middle Name      Last Name  
\_\_\_\_\_

b. Gender:  
 M       F (Tick the correct one)

c. Date of Birth:  
Date      Month      Year  
\_\_\_\_\_

d. Nationality: \_\_\_\_\_

e. Citizen ID no / Work Permit or Resident Permit no. \_\_\_\_\_ Date of Issue: \_\_\_\_\_  
Date of expiry: \_\_\_\_\_

f. House no: \_\_\_\_\_ Thram no: \_\_\_\_\_

g. Address:  
Permanent Address      Present Address  
Village \_\_\_\_\_  
Gewog \_\_\_\_\_  
Dungkhag \_\_\_\_\_  
Dzongkhag \_\_\_\_\_

h. Occupation: \_\_\_\_\_ If Working, NPPF No.: \_\_\_\_\_ RCSC/Employment no.: \_\_\_\_\_

**3.Children Details (Attach Family Tree/Birth Certificate/Health Card copy of Children)**

Sl. No.	Name	Date of Birth	Sex	Name of the Spouse from whom born	Remarks



#### 4. Nomination for Provident Fund (Tire 2) only

Sl. No.	Name of Nominee	CID Number	Date of Birth	Relationship	Share of PF Payable (Percentage %)	Contact No.

#### 5. Consent

**NPPF** takes your privacy seriously and will only process your personal data with your consent and in accordance with the terms stated in our Privacy Notice. If you consent to us collecting and processing your personal data, please sign below:

I, \_\_\_\_\_, (PII Principal's name) confirm that I have been provided with a copy of **NPPF's** Privacy Notice & Terms & Conditions prior to giving consent.

Signature: \_\_\_\_\_  
Time: \_\_\_\_\_

Name: \_\_\_\_\_  
Date: \_\_\_\_\_

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

Applicant  
Signature on  
Legal Stamp

**Note: Please enclose copy of Appointment Letter and Citizenship ID Card No.**

**To Be Filled by the Employer**

*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 HRO/Head of Agency/ Gup for LG:** \_\_\_\_\_

**Signature & Seal:** \_\_\_\_\_

**Date:** \_\_\_\_\_