



སྐུལ་ཡོངས་དགོངས་ལཱ་ལེན་གྱི་ལུས་ལོ་གསལ་དང་འཇོ་རྟོག་མ་དངུལ།།

NATIONAL PENSION PROVIDENT FUND

Securing Future Together

APPLICATION FORM FOR PENSION AND PROVIDENT FUND  
LAIM FORM-II

Instructions and Documents to be attached

The applicant must complete the form along with documents and submit it to nearest NPPF office.

- Forwarding letter from employer
Separation & Relieving Order (attach both)
Tax Clearance Certificate
Last Pay Certificate (Consistent with relieving order)
Audit Clearance Certificate
Marriage Certificate (if married & eligible for Pension)
CID copy of member
CID copy of Spouse (if eligible for Pension)
Birth Certificate/Health Card copy of Children (if eligible for Pension)
EOL order, if availed EOL

Applicant Photo
(Attach another one to this form)

1. PERSONAL DETAILS OF MEMBER

- a. Civil/Corporation
b. Armed Forces (If AF, please follow instruction box)

- 1.1 Name:
1.2 Date of Birth: (As per service record)
1.3 Position/Rank:
1.4 NPPFP/AFPPFS No.:
1.5 Citizenship/Resident ID No.:
1.6 Mobile No.:
1.7 Bank Savings Account No.:
1.8 Father's Name: Mother's Name:

Instruction Box
1. Declare correct family details (adopted children or parent must produce legal document for adoption).
2. Armed Forces cannot exercise option in Sl.1.13
3. Please attach (a) enrolment form; and, (b) declare 12 months basic salary in Sl. 5

- 1.9 NPPF Colony Flat No. (If you are currently occupying it)
Place (please tick): Thimphu Samdrup Jongkhar Samtse Phuntsholing

- 1.10 Date of joining NPPFP:
1.11 Date of relieving from service (dd/mm/yy):
1.12 Reason for claim (Please tick): (a) Member retirement (b) Permanent disability (c) Surviving family
For member retirement, please tick: Superannuation Voluntary Termination Compulsory Others
1.13 Availed EOL, Yes No If Yes, from To (Attach EOLOffice Order)

1.14 A member from civil service and corporation covered under pension scheme and voluntary retired before 20 years of service (i.e. 240 monthly contribution) can choose to stay under pension or to avail lump-sum benefit (Armed Forces and disability & survival beneficiaries are not entitled to choose this option)

- a. Avail monthly pension
b. Lump-sum benefit (If you opt for lump-sum, you need not fill up Sl. No. 2 to 5)

2. SPOUSAL DETAILS

(Date of birth; census record for spouse not in service & service record for in-service spouse)
Name: Date of birth (dd/mm/yy)
CID No.: Mobile No.:
Village: Gewog Dzongkhag:
House No.: Thram No.: Father's Name:
Mother's Name:

Spouse Photo



སྐྱུ་ཡོངས་དགོངས་ལཱ་ལེན་ལུ་ལྷན་པོ་སྐོར་སྐོར་ལྷན་པོ་

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**3. CHILDREN/ORPHAN**

(Only less than 18 years, please attach birth certificate & two passport size photos; Use separate sheet if needed)

Name	Sex	Date of birth (dd/mm/yy)	Spouse from whom born
1. ....	M/F	.....	.....
2. ....	M/F	.....	.....
3. ....	M/F	.....	.....

**4. DEPENDENT PARENT**

(Applicable only for dependent parent for death of a member who was not married while in service)

Name	Sex	Date of birth (dd/mm/yy)	CID No.
.....	M/F	.....	.....

**INSTRUCTION**  
Please attach copy of CID and declare the elder parent as beneficiary.

**5. Twelve months' basic salary before retirement (applicable only for Armed Forces)**

Sl. #	Month/year	Basic Salary	Sl. #	Month/year	Basic Salary	Sl. #	Month/year	Basic Salary
1			5			9		
2			6			10		
3			7			11		
4			8			12		

**6. APPLICANT'S ADDRESS FOR CORRESPONDENCES (GUARDIANS FOR ORPHAN)**

Contact address: .....

Contact No: ..... E-mail: .....

Village: ..... Gewog: .....

Dzongkhag: ..... House No: ..... Thram No: .....

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

Applicant signature on legal stamp  
  
(Nominee in case of death ONLY)  
  
Authorized person cannot sign this paper

8. This is to certify that the information furnished in respect of Mr./Mrs./Dasho/Lyonpo ..... is complete and verified from the service record maintained by this office for processing the claims as per NPPFP Rules and Regulations.

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Name of the Head of Agency/HR/ADM  
**Seal and Signature**



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