



APPLICATION FORM FOR PENSION AND PROVIDENT FUND

CLAIM FORM-II

Instructions and Documents to be attached.

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

- | | |
|---|---|
| <input type="checkbox"/> Forwarding letter from employer | <input type="checkbox"/> separation & relieving Order (attach both) |
| <input type="checkbox"/> Tax Clearance Certificate | <input type="checkbox"/> Last Pay Certificate (Consistent with relieving order) |
| <input type="checkbox"/> Audit Clearance Certificate | <input type="checkbox"/> Marriage Certificate (if married & eligible for pension) |
| <input type="checkbox"/> CID copy of member | <input type="checkbox"/> CID copy of spouse (if eligible for pension) |
| <input type="checkbox"/> Birth Certificate/Health Card copy of children (if eligible for pension) | |
| <input type="checkbox"/> EOL order, if availed EOL | |

Applicant Photo
(Attach another one to this form)

1 PERSONAL DETAILS OF MEMBER

Civil/corporate 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 Saving Account No.....
- 1.8 Father's Name.....Mother's Name.....
- 1.9 NPPF Colony Flat No. (if you are currently occupying it)

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. (1.12)
- 3) Please attach (a) enrolment form: and, (b) declare 12 months basic salary in SL.5

Place (please tick): Thimphu SamdrupJongkhar 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 EOL office Order)



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1.14. A member from civil service and coporation covered under pension scheme and voluntary retired before 20 years of service (i.e 240 monthly contributions) 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. SPOUSE 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.....



3.CHILDERN/ORPHAN

(only less than 18 years, please attach birth certificate & two passport size photos: use separate sheet if needed)

Table with 4 columns: Name, Sex, Date of birth(dd/mm/yy), spouse from whom born. Rows 1, 2, 3.

4.DEPENDENT PAERNT.

(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.



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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. 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) confirms that I have been provided with the copy of NPPF'S Privacy Notice and Terms & Conditions prior to giving consent.

Signature: _____

Name: _____

Time: _____

Date: _____



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9. 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.

.....
Name of the Head of Agency/HR/ADM

Seal and Signature