



APPLICATION CLAIM FORM FOR PRIVATE PROVIDENT FUND

(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 (For private agencies, Build Bhutan Project only)
- Separation / Relieving Order
- CID Copy of the member

**Applicant
Photo**
(Attach another one to this form)

1. PERSONAL DETAILS OF MEMBER

- 1.1 Name:
- 1.2 Date of Birth (As per service record)
- 1.3 Position/Grade:
- 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.....
- 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*):
 Voluntary Termination Compulsory Others
- 1.13 Last Pay Month
- 1.14 Availed EOL, Yes No If Yes, from..... To (Attach EOL/Office Order)



ཀྲུལ་ཡོངས་དགོངས་ལཱ་རི་ལུར་ཕོགས་དང་འཛོལ་རྩིན་མ་དངུལ།།

NATIONAL PENSION AND PROVIDENT FUND

Securing Future Together



2. APPLICANT’S ADDRESS FOR CORRESPONDENCES (GUARDIANS FOR ORPHAN)

Contact address:

Contact No: E-mail:

..... Village:

..... Gewog:

..... Dzongkhag:

House No: Thram No:

Contact Details: Post Box. 1046, Thimphu

3.I hereby certify that all the aforementioned information is 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 Pension and Provident Fund Plan/Scheme Rules and Regulations.

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

4. 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: _____

5. 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-----