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ROYAL INSURANCE CORPORATION OF BHUTAN LTD.

PPF EMPLOYER REFUND FORM

Agency Name	
Address	
Contact No.	
Request Date	
Reason for Refund	
Bank Acc No. and Bank Name	

Please provide the details of the employees whose employer share is to be refunded as per the below format.

SI No	Name	CID no.	PPF No.

UNDERTAKING FROM EMPLOYER

I/ We hereby certify that the mentioned employee is currently employed in my firm/organization/department (List of employees enclosed herewith) and We....., hereby claim our portion of PF based on the condition that any complication or obligation arising in the future to be under our full liability.

I further acknowledge that I am fully aware of my roles and responsibilities as an Employer and of the penalties and sanctions to be applied against me for breach of any provisions.

Any dispute arising out of/ or in connection with in undertaking shall be settled within the employer and the employee.

(Affix legal stamp)

Signature of Employer

Office Seal:

Name:

Designation:

FOR RICB USE	
Branch Name:	Application Received Date:
Received By:	Employee Name:
	Employee ID: