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ROYAL INSURANCE CORPORATION OF BHUTAN LTD.

CLAIM FORM FOR PARTIAL PF WITHDRAWAL

Name of applicant	
Citizenship ID No	
PF A/c.	
Dept. Code No	
Designation	
Mobile No	
Office/Employer	
Date of joining PF Scheme (dd/mm/yyyy)	
Reason for Partial Withdrawal	
Amount Required	
Last contribution date	
Bank Account No for deposit	

I hereby certify that all the aforementioned information is true and correct, and I assume full responsibility thereof. I request you to allow me to withdraw up to 50% of the total accumulated contribution with interest as admissible from my PF account.

Date:

Signature of Applicant

TO BE FURNISHED BY THE EMPLOYER

We have no objection to allow the above member to withdraw 50% of the total accumulated contribution with admissible interest from his PF account maintained with your corporation.

Signature of Employer
(Employer's Authorized Signatory)

Office Seal:

Name:
Designation:
Contact No:

Date:

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