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ROYAL INSURANCE CORPORATION OF BHUTAN LTD.

Date:

PPF EMPLOYEE REGISTRATION FORM(Annexure-2)

Organization Name	
Name of Employee	
Date of Birth (dd/mm/yyyy)	
Sex	* Male * Female * Others
Nationality	
CID. No/Work permit no.	
Designation	
Contact No.	
Email ID	
Present Address	
Basic Pay	
Contribution Percentage	Employer Employee
Contribution Amount	Employer Employee
Total Contribution	

I hereby certify that the aforementioned information given herein is true, correct, and complete to the best of my knowledge and belief.

Signature of Employee



༄། འབྲུག་རྒྱལ་ཁྲེན་སྲུང་ལས་འཛིན་ཚད།

ROYAL INSURANCE CORPORATION OF BHUTAN LTD.

TO BE FILLED BY THE EMPLOYER

This is to certify that the information hereby furnished in respect of Mr./Mrs..... is complete and verified from the service record maintained in this office. This information may be used by the RICB.

Signature of Employer

Office Seal:

Name:

Designation:

Note: Please enclose copy of valid Citizenship ID card/Work permit/Driving License/Passport.

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