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ROYAL INSURANCE CORPORATION OF BHUTAN LTD.

PPF TRANSFER REQUEST FORM (Annexure-7)

Agency Name	
Address	
Contact No.	
Number of Employees	
Request Date	
Reason for Transfer	

Request to transfer the PPF contributory deposits, benefits and associated rights of PF balances of the list of employees attached to-

PF Managing Agency : _____
Bank Account No. : _____
Bank Name : _____
Address : _____

Affix Legal
Stamp

(Signature of Employer)

Name:

Designation:

Mobile No.:

(Office Seal)

FOR RICB USE	
Branch Name	Received on (Date)
Received By	Employee ID