

**ENROLMENT FORM
FOR NATIONAL PENSION & PROVIDENT FUND PLAN**

1. Personal Details.

a) Name
First *Middle* *Surname*

b) Sex M F (Tick the correct one)

c) Date of Birth (As per Service records)
Day *Month* *Year*

d) Nationality _____

e) Citizen ID Card No. _____ f) Date of Issue _____

g) House No. _____ h) Thram No. _____

i) **Permanent Address**

j) **Present Address**

Village _____

Gewog _____

Dzongkhag _____

k) Contact Telephone No. _____ E-mail _____

l) Father's Name _____

m) Mother's Name _____

n) Date of Appointment in service *Day* *Month* *Year*

o) Grade/Designation

p) Name of Agency _____

q) Place of Posting _____

r) Basic Salary _____

s) RCSC/Agency Employment No. _____

t) Date of joining NPPFP (First installment date) _____

2. Spouse Details (If married, attach a separate sheet if there are more than one spouse).

a) Name
First *Middle* *Surname*

b) Sex M F (Tick the correct one)

c) Date of Birth *Day* *Month* *Year*

d) Nationality _____

e) Citizen ID Card No. _____ f) Date of Issue _____

g) **Permanent Address**

Village _____

Gewog _____, Dzongkhag _____

h) Father's Name _____

i) Mother's Name _____

Photo

- j) Marriage Certificate No. _____ Date _____
- k) Occupation _____ If working NPPFP No. _____
- l) RCSC/Agency Employment No. _____

3. **Children Details (Pls. provide correct date of birth by d/m/y as per census).**

Sl.No.	Name	Date of Birth	Sex	Name of the Spouse from whom born	Remarks

4. **Nomination of beneficiaries for Provident Fund (Tier 2).**

Sl.No.	Name of Nominee	Relationship with the Member	Share of PF Payable (Percentage %)

b) Extraordinary/Study Leave Availed

Sl.No.	From			To			Duration
	Day	Month	Year	Day	Month	Year	

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

Name _____
 Designation _____
 Organization _____
 Date _____

**Applicant
signature
on Legal
Stamp**

Note : Please enclose copy of appointment letter, Marriage Certificate

To be filled by the Employer

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

Name of
 HR Officer _____
 Date _____
 Signature & Seal _____

To be filled by NPPF

Data Entered by _____

NPPFP No. allotted _____

Date : _____

Contact details:

National Pension & Provident Fund
 Post Box. 1046, Thimphu
 Tele: 324140/325758/325638/325512
 Fax: 324306/324790
 E-mail: npb@druknet.bt
 Hotline: 139