ISO/IEC 27001:2022 & ISO/IEC 27701:2019 Certified Company

PPF – EMPLOYEE REGISTRATION FORM

I hereby confirm that I have read the summary of the Private Provident Fund rules & regulations provided on the website and agree to adhere to them, having understood them fully.

Name of Employee: ……………………………………………………………………………………………..

Gender: Male ☐ Female ☐

Date of Birth (dd/mm/YYYY): …………………………………...Age: …………………………………….

Status: Single ☐ Married ☐

Mobile Number: ……………………………. Email Address: …………………………….........................

Basic Salary: …………………………………………………….

Nature of appointment (Please tick): Regular ☐ Contract ☐

Service Joining Date: …………………….Designation: …………………………………...Grade: …………

Nationality: ………………………………………………….

- For National Citizenship ID No.: …………………………………………………………………..
- For non-Bhutanese (work permit No): …………………………………………………………..

Name and Adress of the Company/Organization/Institution: ……………………………………………
……..

Post Box Number: …………………………. Office contact No: …………………………………………….

Location: ……………………………… Correspondence Address: …………………………………………..

Permanent Address: -

Village: …………………………………………… Geog: ……………………………………………………

Dzongkhag: ……………………………………………………………………………………………………

Employer Contribution Amount: ………………….**Employee Contribution Amount:** ……………………

Total Contribution: ……………………………….**Contribution Percentage (%):** …………………………

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

Signature of Employee   (**Seal & signature**)

Name: ……………………………………….   Employer's Authorized Signatory

Mobile Number: ………………………….   Name: ………………………………….
                                                                              Mobile Number: …………………….

Note: - Please enclose a copy of valid Citizenship ID Card/Work Permit.

Document classified: Public use

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NOMINATION FORM

Name of the Employee: ………………………………………………………………………………

CID No/work permit no: ……………………………………………………………………………

Name of the Organization: ……………………………………………………………………..

SL#	Name of Nominee	CID No.	Relation with Member	Date of Birth	Present Address of the Nominee	Share of Payable (%)
1						
2						
3						
4						
5						

To be- filled up in case of minor nominee: -

Name of the Guardian: ……………………………………………………………………………………

Guardian Citizenship ID No: …………………………………….………………………………………

Guardian Address: ……………………………………………….………………………………………

Guardian Signature/Thumb Impression: ……………………………………………………………..

I hereby certify that all the aforementioned information are true and correct, and assume full responsibility thereof.

Signature of the member　　　　　　　　　　　**Signature of the employer with seal**

BIL-PO.004-Privacy Policy

1. Bhutan Insurance Limited collects personal information (PII) from customers, employees and relevant stakeholders for various purposes, including insurance, loans, identity verification, customer response, recruitments, Private Provident Funds, and Gratuity Funds.

2. The company does not disclose customers, stakeholders and employee PII to third parties or engage in transborder sharing, except to regulators, governments, and law enforcement agencies as required by applicable laws and guidelines.

3. The company implements measures to protect personal information against unauthorized disclosure.

4. Our website and other online platforms use cookies and related technologies to track visitor information, simplify platform use, customize products and services, collect user data, and analyze server logs.

5. While the company takes steps to prevent unauthorized access to personal data, it cannot guarantee complete data security or website access. Users are encouraged to use secure online platforms, strong passwords, and secure browsers, and to report any unauthorized use to the company immediately.

6. Our website may contain links to third-party websites. We are not responsible for the privacy practices of these websites and encourage users to review their policies, even if they are co-branded with our logo or trademark.

7. This policy and website use are governed by Bhutanese laws and company regulations. The company acts as a Data Controller and ensures that consent is obtained before accessing personal information.

8. The company upholds privacy rights, including access to personal data, consent withdrawal, objections to data processing, rectification, erasure, data portability, processing restriction, protection against automated decision-making, and the right to lodge a complaint.

9. Personal information is securely stored at our office for at least 10 years and is destroyed thereafter. While we do not share, sell, or rent PII, we may store it with third parties who are required to respect data security and handle it lawfully.

10. The detailed policy can be found on the Bhutan Insurance Limited website (data_privacy_policy.pdf (**www.bil.bt**)).

I, ..., hereby confirm that I have read the privacy policy of Bhutan Insurance Limited.

Signature of applicant

Document classified: Public use

Bhutan Insurance Limited, Chorten Lam, Post Box #779, Thimphu 11001, Bhutan.
EPABX: +975 02 339893/339894; Email: info@bil.bt; Website: www.bil.bt