



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

APPENDIX-5

PRIVATE PROVIDENT REFUND FORM

Employee PPF A/c No:

Organization Name:

MEMBER'S APPLICATION FOR REFUND

1. Name of the applicant:
2. CID No/work permit no:
3. Designation:
4. Date of Joining PPF scheme (dd/mm/yyyy):
5. Date of relieving from service (dd/mm/yyyy):
6. Reason for Refund/claim (Please tick):
 - ☐ Voluntary
 - ☐ Termination
 - ☐ Compulsory
 - ☐ Superannuation
 - ☐ Others
7. Office order No. & Date:
8. Last contribution date and Receipt Number:

I hereby certify that all the aforementioned information is true and correct, and I assume full responsibility thereof. I request a refund of my PF contribution, along with any applicable interest.

Date:

Signature of Applicant

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RECOMMENDATION FROM EMPLOYER

This is to certify that the above information furnished in respect of the employee mentioned is correct and verified from the records maintained by this office. The refund of PPF benefits as admissible is recommended. Kindly refund the PPF contribution and interest accumulated as under.

Please tick the appropriate option:

Option I:

- ☐ Employee's contribution with interest to be paid to the employee and employer part to the employer.

Employee's contribution with interest, issuance of a cheque in favor of:

Name:

Bank Account number:Name of Bank:

Employer's contribution with interest, issuance of cheque in favor of:

Company Name:

CD Account Number:Name of Bank:

Option II:

- ☐ Both employee's and employer's contribution with interest to be paid to the employee.

Both Employee's & Employer contribution with interest, issuance of a cheque in favor of:

Name:

Bank Account number:Name of Bank:

Option III:

- ☐ Both employee's and employer's contribution with interest to be paid to the employer.

Both Employee's & Employer contribution with interest, issuance of a cheque in favor of:

Name of the Company:

Bank CD Account number:.....Name of Bank

Note: The refund amount may be directly transferred to the following Bank Account depending on the payment options mentioned above

Seal & signature

(Employer's Authorized Signatory)

Place:

Name:

Date:

CID Number:

Designation:

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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

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