APPENDIX- 5

PRIVATE PROVIDENT REFUND FORM

Employee P.P.F.A/c NO.: _____

Organization Name:.....

MEMBER'S APPLICATION FOR REFUND

1. Name of the employee : _____
2. CID No/work permit no. : _____
3. Date of leaving service : _____
4. Relieving Office Order no. & date: _____

Kindly refund my PPF contribution based on the recommendation provided by the employer.

Date: _____ Signature of Applicant.

RECOMMENDATION FROM EMPLOYER

This is to inform your good office to kindly refund the PPF contribution and interest accumulated of Dasho/Mr/Ms &Mrs,.....based on the option given below:

1.1 Full amount in favor of

☐ Employee ☐ Employer

2.1: Employee contribution with interest, issuance of a cheque in favor of .....

Name and Bank Account Detail.

Name:

Bank account no:

Bank Branch:

2.2: Employer contribution with interest, issuance of cheque in favor of.....

Name and Bank Account Detail.

Name:

Bank account no:

Bank Branch:

Place: _____ Signature of Employer

Date: _____

(Designation with Seal)