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**Bhutan Insurance Limited**  
*Providing Security, Building Confidence*

Your insurer of  
CHOICE

Date:

**PPF-EMPLOYEE REGISTRATION FORM**

Organization Name: \_\_\_\_\_

Name of Employee: \_\_\_\_\_

Date of Birth: (dd/mm/yyyy) \_\_\_\_\_

Sex: Male  Female

Status: Single  Married

Nationality:.....

C. I. D. No/work permit no: \_\_\_\_\_

Designation: \_\_\_\_\_

Department: \_\_\_\_\_

Employee ID: \_\_\_\_\_

Contact No: \_\_\_\_\_

Email I.D: \_\_\_\_\_

Present Address: \_\_\_\_\_

Date of Joining: \_\_\_\_\_

Basic Salary: \_\_\_\_\_

Contribution Percentage: \_\_\_\_\_

Employer Contribution Amount: \_\_\_\_\_ Employee Contribution Amount: \_\_\_\_\_

Total Contribution: \_\_\_\_\_

Note: If you were a PPF member with BIL in the past, kindly provide us following detail: -

Name of the previous company/organization: \_\_\_\_\_

(Signature of Employee)

( Signature of Employer with seal)



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**NOMINATION FORM**

**Name of the Employee:** .....

**CID No/work permit no:** .....

**Name of the Organization:** .....

SL#	Name of nominee	Relationship	CID No.	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:.....

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Signature of the member

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Signature of the employer with seal