** // est NUTED	Contraction of the second seco	નુ્ઞ ખેંદ્ર ર્સ્સર્ગ્સ્ લુવે સુર લેવાય ઽદ વર્સે NATIONAL PENSION & PROVIE THIMPHU BHUTAN			1		
		CATION FORM FOR RETIREME be filled in by the beneficiaries in			FORM-IIP		
	(101	e fined in by the beneficiaries in	duplicate)		NPPFP NO		
Perso	onal Details of a member						
1.1	First Name	Second Name	Surna	ime	Member Photo		
1.2 1.3	Citizenship ID No.(new): Employment ID No.:		 				
1.4	Date of birth (as per servi	ce record only): Day	Month	Year			
1.5	Date of retirement: Day_	Month	Y	ear			
1.6	Age on date of retirement						
1.7	Organization presently ret	ired from:					
1.8	Reliving order No. of retir	ement (attach the copy)					
1.9	Reason for retirement (tick	k whichever is applicable):					
		Superannuation	Voluntary	Any other	reasons		
	Any other reasons (Please	e state):					
1.10 1.11	<ul> <li>.10 If you retired prior to 56 years, please tick your option: A Avail an Early Pension A Avail on attaining 56 years</li> <li>(An early pension is payable only at age 51 years and between 51-56)</li> <li>.11 Applicant's Address for correspondence (Pls. provide your current address, where you reside)</li> </ul>						
	Contact Tele. No		Email:				
1.12	Provide two copies of y	our recent passport size for pre-	paration of pension	on ID card			
1.13	Martial Status (a) Ma	rried (b) Not married if y	you choose (a) pla	s. complete Sl	. # 2 & 3		
2.		e a correct date of birth by D/M/Y, as	per census for non-w	orking spouse a	nd service record for		
2.1	those in-service spouse) Name	Date of 8		larriage certif			
2.2	Recent passport size of	spouse (s). (To be affixed)	Spouse Photo				
3.	Children/Orphan Details (only less than 18 years, pls. attach a copy of birth certificate of the children)						
	Name	Sex Date of	of birth	Spouse from	n whom born		
	1	M/F					
	2	M/F					
	Tala: 224440: 2	25758; 325638; 325512 * Fax : +9	75 0 004000 * D O				

E-mail: npb@druknet.bt

and the second s	ગુભાર્બેન્સ નર્વેન્સ ભુવે સુમર્ધેથાય નન વર્દે કે તે સન્દુભા	2
A REAL PROPERTY OF THE REAL PR	NATIONAL PENSION & PROVIDENT FUND THIMPHU BHUTAN	
3	M/F	
4	M/F	
5	M/F	
6	M/F	
7	M/F	

4. I hereby certify that all the aforementioned information are true and correct, and I assume full responsibility thereof. In case of any misinformation/misdisclaration, I shall be liable for both administrative and punitive action deemed fit under the National Pension and Provident Fund Plan Rules and Regulations.

Place: Date:		Applicant signature on Legal
Witness:	Signature:	stamp
	Name:	
	Address:	
	Citizenship ID. No.:	

(To be filled in by the Ministry/Agency/Dzongkhag)

5. This is to certify that Mr./Mrs/Dasho/Lyonpo. \_\_\_\_\_\_has retired from service on \_\_\_\_\_\_\_as per the attached Retirement Order. Retirement benefits may please be processed as per National Pension and Provident Fund Plan Rules and Regulations.

	Adm. In-charge:	Head of Agency:			
	Designation:	Designation:			
	Organization:	Organization:			
Seal and Signature					
To be used by the NPPF					

Verified by:

--

Refund Officer:....

Recommended for opening of Pension Savings Account as per Form III, IV and V.

Head/Pension:....