Declaration Form

(To be retained by the Employer for future reference)



Employees' Provident Fund Organization

THE EMPLOYEES' PROVIDENT FUNDS SCHEME, 1952 (PARAGRAPH-34 & 57)

| DECLARATION BY A PERSON | 1952 | AND/C | OR EMP | PLOYE | ES' P | ENSIC | N SCH | EME, | 1995 I | S APPLIC | ABLE, | | | | |
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| .) NAME (TITLE) | S | A | NJ | II | / | K | UM | A | RII | | | Marie Control | to the | | |
| MR Ms. M | IRS. | | | | | | | | | | | 4. A. | 羅山 | | |
| (PLEASE TICK) | | | | | A | | | 4 | | | | | 體制 | | |
| 2) DATE OF BIRTH | | D | D | | M | Y | Υ | Y | Y | | | | | | |
| Z) DATE OF BIRTH | | 1 | 1 | STREET STREET | 9 | ! | | 200 | | | | | | | |
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| 3) FATHER'S/ | MR. | SR | IP | A | | 2 | IN | GI | 1 | | | | | | |
| HUSBAND'S NAME | | | 國量 | h | 1 | 制圖 | 5 | | | | | | | | |
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| 4) RELATIONSHIP IN RESPE | CT OF (3) | ABOVE | | FATH | ER | - | Hus | BAND | Da. | | | | | | |
| (PLEASE TICK) | | | 94 | <u> </u> | 300 | , | | 2// | | | | | | | |
| Artist Charles | | | | | | | | | | | \(\psi\) | | | | |
| 5) GENDER | | de la constant de la | MALE | | FE | MALE | TR | ANSGE | NDER | | | | | | |
| (PLEASE TICK) | | | ~ | | | | | | | | | | | | |
| 7. T. | | | | | EXAMPLE A | A STATE OF THE PARTY OF THE PAR | | | | | - | | | | |
| 6) MOBILE NUMBER (IF ANY) | 8 | 9 | 2 | | 0 | 5 | - c | | 4 | 0 | 8 | 1 | | | |
| (IF ANT) | | | ARTE | | | | | 3i | | | | |] | | |
| 7) EMAIL ID (IF ANY) | 4 | 2 | Q | n | | 1 | i | 4 | 6 | 0 | 0 | 9 | m | Α | 1 |
| | | | C | C | | m | | | | | | | | | |
| | | SOF. | | | | | | | £ . | | | | | | |
| 8) WHETHER EARLIER A | MEMBER C | F THE | EMPLO' | YEES' P | ROVII | DENT F | UND S | снеме, | 1952? | | | _ | | | |
| | • | LEASE | | | | | ES | | 1. | NO | | | | | |
| 9) WHETHER EARLIER A | MEMBER C | OF THE | EMPLO' | YEES' F | ENSI | | | 995? | - | NO | | 1 6- | | | |
| 9) WHETHER EARLIER A | | LEASE | | | | | ES | | | | | | | | |

| A. State Committee | | ensen fer sent skommer | tweeter fact of the College | Constant of Constant of | Salt Format | E PACE TO MA | Sink arrival | Brenan Labor Spinson | Manager and a second | | | | | | |
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| OR PREVIOUS F | 'F MEM | BER ID | | REGION | CODE | OF | FICE C | ODE | ESTA | BLISHI | MENT ID | EXTEN | SION A | Account Nu | MOER |
| 11) DATE OF EXT MEMBER ID (| | | D | D | | М | М | Y | | Y | Y | Y | gen. | aan kamuurahiin ah mada dha ah siin kaan | |
| 12) (A) IF SCHE | ME CERT | TIFICATE IS MENT ORD | SSUED F ER (PP | FOR PREV O) ISSUE | TOUS E | MPLOY PREVIO | MENT DUS EI | , THEN | SCHEN MENT, | ME CE THEN | RTIFICATE PPO NUN | NUMBER | : | | |
| B. OTHER DETA | ILS | | | | | | | | | | | | | | 774 |
| 13) INTERNATIONA (PLEASE TICK) | | KER | | | YES | 4 | | | No | | | | | | |
| IF THE REPL 13(A) COUNT IN | YTO (: TRY OF (: DIA | 13) ABOV ORIGIN (F | Please | Tick) | 12/19/20 | Pie. | | S. | n 13(| A), 1 | .3(в) & | 13(c): | | | |
| | | | 3 | ENTION N | | The second second | 100 | where the privately | | | | | and the same of th | | |
| 13(B) PASSPO | | | | | | | | | | J | | | | | |
| 13(c) Passec | ORT VAL | .ID FROM | | D | D | M | М | Y | Y | Y | Y | | | | |
| | | То | | D | D | М | М | Y | Υ | Y | Υ | | | | |
| | | e e e e e e e e e e e e e e e e e e e | | 765 | | | | | | | ر البياء | | | | |
| 14) EDUCATIONAL QUALIFICATION | di la | ILLITER | ATE | Non- Matri | to begin to | MATRI | C | | IIOR NDARY | G | FRADUATE | | OST DUATE | Doctor | TECI PROFI |
| (PLEASE TICK) | | | | A. | | 187 | | | ř. | | <u> </u> | | | | ~ |
| 15) Marital Statu (Please Tick) | IS . | Mari | digentes digentes A Strangering | UNI | MARRIE | D | WID | ow/ \ | VIDOW | /ER | DIVOR | CEE | | | |
| 16) SPECIALLY ABLE | D | YES | ATTON TO SERVICE STREET | No | | ſ | | | ĪF | YES, | TICK THE | CATEGO | DRY | | |
| (PLEASE TICK) | | | - 1 | / | | | Lo | СОМО | TIVE | | VISUAL | | HEA | RING | |

17) KYC DETAILS

| BANK ACCOUNT-1* | NAME AS ON KYC DOCUMEN | T NUMBER | REMARKS, IF ANY |
|-----------------------------------|------------------------|------------------------------|-----------------|
| NPR/AADHAAR | 10000 | 19 | IESC Cope* |
| PERMANENT ACCOUNT NUMBER (PAN) | AADHAR | 209461386964 | |
| PASSPORT | | | |
| DRIVING LICENCE | | | EXPIRY DATE |
| ELECTION CARD | | and the second of the second | EXPRY DATE |
| RATION CARD | | | <i>A</i> |
| ESIC CARD | | | |

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| 100 | 3935- | NI | | LV | /TRI | |
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- A. I CERTIFY THAT ALL THE INFORMATION GIVEN ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.
- B. IN CASE, EARLIER A MEMBER OF EPF SCHEME, 1952 AND/OR EPS, 1995,
 - (I) I HAVE ENSURED THE CORRECTNESS OF MY UAN / PREVIOUS PF MEMBER ID.
 - (II) THIS MAY ALSO BE TREATED AS MY REQUEST FOR TRANSFER OF FUNDS AND SERVICE DETAILS IF APPLICABLE FROM THE PREVIOUS ACCOUNT AS DECLARED ABOVE TO THE PRESENT P.F. ACCOUNT. (THE TRANSFER WOULD BE POSSIBLE ONLY IF THE IDENTIFIED KYC DETAILS APPROVED BY PREVIOUS EMPLOYER HAS BEEN VERIFIED BY PRESENT EMPLOYER USING HIS DIGITAL SIGNATURE CERTIFICATE).

(III) I AM AWARE THAT I CAN SUBMIT MY NOMINATION FORM THROUGH UAN BASED MEMBER PORTAL.

| DATE: 27/06) | 2025 |
|--------------|----------------|
| | "你是他 "。 |
| PLACE: GOA | |

SIGNATURE OF MEMBER

DECLARATION BY PRESENT EMPLOYER

THE MEMBER Mr./Ms./Mrs. SANDIV KUMARAS JOINED ON 27-10:6/25.. AND HAS BEEN ALLOTTED PF MEMBER ID B.

IN CASE THE PERSON WAS EARLIER NOT A MEMBER OF EPF SCHEME, 1952 AND EPS, 1995:

(POST ALLOTMENT OF UAN) THE UAN ALLOTTED FOR THE MEMBER IS

PLEASE TICK THE APPROPRIATE OPTION:

THE KYC DETAILS OF THE ABOVE MEMBER IN THE UAN DATABASE

- HAVE NOT BEEN UPLOADED
- HAVE BEEN UPLOADED BUT NOT APPROVED
 - HAVE BEEN UPLOADED AND APPROVED WITH DSC
- IN CASE THE PERSON WAS EARLIER A MEMBER OF EPF SCHEME, 1952 AND EPS, 1995:
 - THE ABOVE MEMBER ID OF THE MEMBER AS MENTIONED IN (A) ABOVE HAS BEEN TAGGED WITH HIS/HER UAN/PREVIOUS MEMBER ID AS DECLARED BY MEMBER.
 - PLEASE TICK THE APPROPRIATE OPTION:-
 - THE KYC DETAILS OF THE ABOVE MEMBER IN THE UAN DATABASE HAVE BEEN APPROVED WITH DIGITAL SIGNATURE CERTIFICATE AND TRANSFER REQUEST HAS BEEN GENERATED ON PORTAL.
 - AS THE DSC OF ESTABLISHMENT ARE NOT REGISTERED WITH EPFO, THE MEMBER HAS BEEN INFORMED TO FILE 13 PHYSICAL CLAIM (FORM-13) FOR TRANSFER OF FUNDS FROM HIS PREVIOUS ESTABLISHMENT.

SIGNATURE OF EMPLOYER WITH SEAL OF ESTABLISHMENT

DATE:

atory Field (NOTE: BANK ACCOUNT NUMBER (ALONG WITH IFSC CODE) IS MANDATORY, YOU ARE HOWEVER ADVISED TO PROVIDE ALL KYC DOCUMENTS AVAILABLE WITH YOU IN ADDITION TO MANDATORY KYCS TO AVAIL BETTER SERVICES. SELF-ATTESTED PHOTOCOPIES OF THE DOCUMENTS MUST BE ATTACHED WITH THIS FORM.