**Declaration Form**(To be retained by the Employer for future reference)



## **Employees' Provident Fund Organization**

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

THE EMPLOYEES' PENSION SCHEME, 1995 (PARAGRAPH-24)

DE	CLARATION BY A PERSO	1952 A	NO/OR EMP	LOYEES F	ENSTON ?	CHLINE	1000		ABLE.				
			(PLEASE C	O THRO	UGH TH	E INST	RUCTIO	NS)					
1)	NAME (TITLE)  MR. MS. I  (PLEASE TICK)	MRS. D G	HIR EEP HAD	A J A K 1	0		200-1						
2)	DATE OF BIRTH		D D 1 1	M M 1 0	1 3		Y 4						
3)	FATHER'S/ HUSBAND'S NAME		DEEP DHON GHAD	A K D U									
4)	RELATIONSHIP IN RESPI	ECT OF (3) A	ABOVE	FATHER		HUSBAND	)						
٠,	(PLEASE TICK)		r Age	~			1 11 4						
	( <u> </u>			er s		Ty.							
			4.5	J -   -		TRANS	SENIDED						
5)	GENDER		MALE		EMALE	TRANS	SENDER						
	(PLEASE TICK)		* 1/		<u> </u>					y - L-			
6)	MOBILE NUMBER (IF ANY)	8	3 0	8	7	0	8	9	3	6			
7)	EMAIL ID (IF ANY)	dy	u i	1	a	j	l g	h	a	d	13	(O)	
		01	m a	i	1				1.				
			711 00										
8	) WHETHER EARLIER A	MEMBER OF	THE EMPLOY	EES' PRO	ZIDENT FU	ND SCHE	ME, 1952	<u></u>		1	4		
0	y WHETHER BARBER A		EASE TICK)		YE				10	_			
۵	) WHETHER EARLIER A	•	,	VEEC' DENI			52	•					
9	) WHETHER EARLIER A		EASE TICK)	LES FENS			,. 		NO.	4			
		(PL	EASE LICK)		7 6	S	- 1		OP				

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PREVIOUS EMP THE DETAILS OF T	1	0	1	5	4		?	7	5	1	6	3		7	
OR PREVIOUS PF		RID	R	LEGION (	CODE	OFFIC	E CO	DE ES	TABLIS	HMENT ID	EXTER	NSION	Acc	dunt Numb	ER
DATE OF EXIT FO	R PREV	rious	D	D	I	1	М	Y	Y	Y	Y				
(A) IF SCHEME (B) IF PENSION	CERTIF PAYME	L ICATE ISSI NT ORDER	(PPO	R PREVI	OUS EI	MPLOYM PREVIOL	ENT,	THEN SO	HEME C	ERTIFICAT	E NUMBI	ER:			
OTHER DETAILS  INTERNATIONAL (PLEASE TICK)				Y	'ES			No	)						45° 3
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13(c) PASSPOR	RT VALI	D FROM		D	D	М	M	Y	Y	YY					
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QUALIFICATION			ATE	Non-	6	0	1	Z SEN	O	3 0	ATE (		ì	DOCTOR	
QUALIFICATION (PLEASE TICK)  MARITAL STATUS	5			Non- Matr	6	O	1	Z SEN	O IOR IDARY	3 O GRADU	ATE (		ì	DOCTOR	
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EDUCATIONAL QUALIFICATION (PLEASE TICK)  MARITAL STATUS (PLEASE TICK)  SPECIALLY ABLEC (PLEASE TICK)		ILLITER	RIED	Non- Matr	6	O	1	SEN SECON	O IOR IDARY	3 O GRADU	/ORCEE	SRADU/	ATE	DOCTOR	

17)	KYC	DETAIL
<b>1</b> //		DEIALL

KYC DOCUMENT TYPE	NAME AS ON KYC DOCUMENT	Number	DEMARKS TE ALIN
BANK ACCOUNT-1*	DHIRAJ DEEPAK GHADI		REMARKS, IF ANY
NPR/AADHAAR	Dhisey Deepale Ghadi.	91065486 9259	1 DRIGOOD
PERMANENT ACCOUNT NUMBER (PAN)	DHIRAJ OEEPAK GNADI	BHJPG 1260M	
PASSPORT			
DRIVING LICENCE			7
ELECTION CARD			
RATION CARD	,		
ESIC CARD	1.0		

<sup>\*</sup> Mandatory Field (<u>Note</u>: 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.

## C. UNDERTAKING:

- 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:	21-07-	23				Meur.
PLACE			Control of the second of the s		9	SIGNATURE OF MEMBER
		DECL	ARATION BY	PRESENT EMPLO	YER	
Α.	THE MEMBER	Mr./Ms./Mrs	HAS	JOINED ON	AND HAS BEEN	ALLOTTED PF MEMBER ID
В.	IN CASE THE I	PERSON WAS EARLIER NOT	A MEMBER OF EPF S	SCHEME, 1952 AND EPS	5, 1995:	
	• (Post	ALLOTMENT OF UAN) THE	HE UAN ALLOTTED F	OR THE MEMBER IS		
		TICK THE APPROPRIAT				
		KYC DETAILS OF THE ABO		UAN DATABASE		
		HAVE NOT BEEN UPLOAI				
		HAVE BEEN UPLOADED B	BUT NOT APPROVED			
		HAVE BEEN UPLOADED A	AND APPROVED WITH	H DSC		
C.	IN CASE THE F	ERSON WAS EARLIER A ME	MBER OF EPF SCHE	ME, 1952 AND EPS, 19	95:	
	THE ABO	VE MEMBER ID OF THE M	MEMBER AS MENTION	NED IN (A) ABOVE HAS	BEEN TAGGED WITH	HIS/HER UAN/PREVIOUS
		ID AS DECLARED BY MEME				
	• PLEASE	TICK THE APPROPRIATI	E OPTION:-			
						APPROVED WITH DIGITAL
		SIGNATURE CERTIFICAT	E AND TRANSFER RE	QUEST HAS BEEN GENER	ATED ON PORTAL.	C BEEN INFORMED TO FILE
		AS THE DSC OF ESTAB	13) FOR TRANSFER	KEGISTERED WITH EPT	DAOUS ECTABLISHME	S BEEN INFORMED TO FILE
	•	PHYSICAL CLAIM (FORM	-13) FOR TRANSFER	CUP FUNDS PROM HIS PR	EATORS ESTABRISHING	, 1 T L L