## **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)

## DECLARATION BY A PERSON TAKING UP EMPLOYMENT IN AN ESTABLISHMENT ON WHICH EMPLOYEES' PROVIDENT FUND SCHEME, 1952 AND/OR EMPLOYEES' PENSION SCHEME, 1995 IS APPLICABLE. (PLEASE GO THROUGH THE INSTRUCTIONS)

				( - 1	LAJL	. 60 1	IIKOC	Juli	• • • •		143	KU	C 1 1	011.	٠,										
1)	NAME	(TITLE)		SA	CH	12	1	K	υ	M	A	R													
		MR. Ms.	MRS.																						
		(PLEASE TIC	к)					rives :																	
21	DATE OF E	Dintu.		D	D	М	М	Υ	Y	,	Y	Y	7												
2)	DATE OF	DIKIH			-				-	+			-												
				0	5	0	2	2	C		0	1													
3)	FATHER'S		MR.	Y 0	IN E	NI	R	A		P	R	A	S	A	D		S	I	N	Co	Н				
	HUSBAND	'S NAME		,															`						
	_					F		1					7												
4)		SHIP IN RESP	PECT OF (3	3) ABOVE		FATHE	R 	-	Н	lus B	AND														
	(PLEASE T	ICK)																							
													_												
5)	GENDER				MALE		FEMA	LE	-	TRAI	NSGE	NDEF	2												
	(PLEASE T	ICK)			V																				
																				,					
6)	MOBILE N (IF ANY)	UMBER	8	0	8	1	+	7		6		6		0		6		3	)						
	(2. / )		0														_		>						
7)	EMAIL ID	(IF ANY)	S	a	C	h	1		n		K		U	r	n	0	1	1		2	3	1		n	
			9	h	4	2	2		6		<u>a</u>		9	1	m	(	2	i		1				C	1
			0	m																					
8)	WHETHE	R EARLIER A	MEMBER (	OF THE E	MPLOYE	ES' PRO	OVIDEN	T Fu	IND S	SCHE	ME,	195	2?												
			(P	LEASE TI	CK)			YE	S						NO										
9)	WHETHE	R EARLIER A				ES' PEN	SION S	CHE	ME,	199	5?														
				LEASE TI	•			YE							NO										
	IF RESPO	ONSE TO AN 11&12):	Y OR BO	TH OF (8	) & ( <u>9</u>	) ABO	VE IS Y	ES,	THE	N M	AND	OTAC	RILY	<u>Y</u> FIL	L UI	P TH	E PR	EVI	ous	S EM	PLO	YME	d Ti	ETAIL	.s
	A1 (20).						Pa	ge <b>1</b>	of.	3															

UAN														
OR PREVIOUS PF MEMBER ID		REGION CODE		OFFICE CODE		ESTABLIS		MENT ID	EXTENSION		ACCOUNT N	UMBER		
1) DATE OF EXIT FOR PREVIOUS MEMBER ID (DD/MM/YYYY)			D	N	1	M	Y		Υ	Y	Y			
(A) IF SCHEME CERT. (B) IF PENSION PAYM														
B. OTHER DETAILS														
13) INTERNATIONAL WOR	KER	YES						No						
(PLEASE TICK)				- 11										
13(A) COUNTRY OF ORIGIN (Plea		ease T	OTHER THAN INDIA (IF YES, PLEASE					A), 1	.3(B) & .	13(C):				
		MEN	MENTION NAME OF THE COUNTRY)											
13(B) PASSPORT NU														
	MBER _													
13(c) PASSPORT VAI			D	D	М	M	Υ		Y	Υ				
13(c) Passport vai			D	D	М	М	Y	Y	Υ	Y				
13(c) Passport vai			D	D	M	M	Y	Y Y	Y	Y				
13(c) Passport val	LID FROM								R.					
13(c) PASSPORT VAI 14) EDUCATIONAL QUALIFICATION	LID FROM	ATE		D		M	Y		Y			'OST ADUATE	Doctor	TECHNIC PROFESSIO
14) EDUCATIONAL	LID FROM	ATE	D Non-	D	М	M	Y	Y	Y	Y			Doctor	
14) EDUCATIONAL QUALIFICATION (PLEASE TICK)	LID FROM		D Non- MATRI	D	M MATRI	M	Y Sei Seco	Y	Y	Y	GRA		Doctor	
14) EDUCATIONAL QUALIFICATION	To  ILLITERA		D Non- MATRI	D	M MATRI	M	Y Sei Seco	Y	Y	Y	GRA		Doctor	
14) EDUCATIONAL QUALIFICATION (PLEASE TICK)  15) MARITAL STATUS	To  ILLITERA		D Non- MATRI	D	M MATRI	M	Y Sei Seco	Y NIOR NDARY	Y G	Y	GRA	DUATE	Doctor	

17	) KYC	DETAILS
	, ,,, ,	Dr. Mac

KYC DOCUMENT TYPE	NAME AS ON KYC DOCUMENT	Number	REMARKS, IF ANY
BANK ACCOUNT-1*			
NPR/AADHAAR			
PERMANENT ACCOUNT NUMBER (PAN)			
PASSPORT			
DRIVING LICENCE			
ELECTION CARD			
RATION CARD			
ESIC CARD			

<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,
  - (1) I have ensured the correctness of my UAN/ previous  ${\mbox{PF}}$  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: PLACE:	SIGNATURE OF MEMBER
	DECLARATION BY PRESENT EMPLOYER
Α.	THE MEMBER Mr./Ms./Mrs HAS JOINED ON AND HAS BEEN ALLOTTED PF MEMBER ID
В.	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
C.	<ul> <li>In case the person was earlier a member of EPF Scheme, 1952 and EPS, 1995:</li> <li>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.</li> <li>Please Tick the Appropriate Option:         <ul> <li>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.</li> <li>As the DSC of establishment are not registered with EPFO, the member has been informed to file physical claim (Form-13) for transfer of funds from his previous establishment.</li> </ul> </li> </ul>

SIGNATURE OF EMPLOYER WITH SEAL OF ESTABLISHMENT