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) | NAME | (TITLE) | Mrs. | M R | . R | 0 | U S | Н | A | N | K U | M | A | R | Т | I | W | A | R | I | | | | 7 |
|----|-------------------|--------------------------|------------|----------------------|------|-------------|-------|-------|-------|--------------|-------|------------------|-------|------|------|-------|------|-----|-----|-----|-----|-------|------|----|
| | | (PLEASE TIO | | | | | | 4 | | | ┪ | | | | | | | | | | | | | - |
| 2) | DATE OF | ВІКТН | | 0 | D D | M | M | Y | 9 | Y 9 | Y 3 | Y | | | | | | | | | L | | | |
| 3) | FATHER'S | | Mr. | R A | VI | N | D R | A | N A | 4 | г н | Т | I | W | A | R | Ī | | | | | | | |
| | HUSBAN | d's Name | | | | | | | | | | | | | | | | | | | | | | |
| 4) | RELATIO | NSHIP IN RES | PECT OF (3 | 3) ABOVE | YES | FATI | HER | | ŀ | HUSB | AND | | | | | | | | | | | | | |
| | | | | | | | | | | | | | • | | | | | | | | | | | |
| 5) | GENDER (PLEASE | | | YES | MALE | | F | EMALE | | TRAI | NSGEN | DER | | | | | | | | | | | | |
| 6) | MOBILE (IF ANY) | | 8 | 9 | 6 | 9 | | 3 | 1 | | 8 | | 5 | | 9 | | 2 | | | | | | | |
| 7) | EMAIL II | O (IF ANY) | | | | | | | | | | | | | | | | | | | | | | |
| 0) | 14/ | | | 05 7115 5 | | ==o/ D | | | | Cour | ·- 1 | 2522 | | | | | | | | | | | | |
| 8) | VVHETE | HER EARLIER | | OF THE E PLEASE T | | EES P | ROVIE | | 'ES | SCHE | ME, 1 | J 52? | | 10 : | NO | | | | | | | | | |
| 9) | WHETH | HER EARLIER | , | | - | ∟ EES' P | ENSIO | | | 199 | 5? | | | | | | | | | | | | | |
| , | | | | PLEASE T | | | | | 'ES | | | | N | 10 : | NO | | | | | | | | | |
| | | SPONSE TO A 0,11&12): | NY OR BO | TH OF (| 8)&(| 9) AB | OVE I | S YES | , THE | N <u>M</u> / | ANDAT | ORI | LY FI | LL U | P TH | IE PF | REVI | ous | EMP | LOY | MEN | IT DI | TAIL | .S |

| A. | PREVIOUS | S EMPLOY | MENT DET | AILS | | | | | | | | | | | |
|-----|--------------------------|--------------------|-------------|--------|------------------------------------|--------|------------|------------|---------------|--------|------------|-------|----------------|------------|-----------------------|
| 10) | THE DETAIL | LS OF THE | JNIVERSAL . | Acco | UNT N UMBER | (UAI | N) OR PRE | VIOUS | PF MI | EMBER | ID: | | | | |
| | UAN OR | | | | | | | | | | | | | | |
| | | s PF M eM | IBER ID | | REGION CO | DDE | OFFICE (| CODE | Est | ABLISH | MENT ID | Ехте | NSION | ACCOUNT NU | JMBER |
| 11) | DATE OF MEMBER 1 | EXIT FOR PID (DD/M | |] | D D | М | М | Y | ′ | Y | Y | Y | | | |
| 12) | | | | | FOR PREVIOU | | | | | | | | R: | | |
| B. | OTHER D | ETAILS | | | | | | | | | | | | | |
| 13) | INTERNATI (PLEASE T | | RKER | | YE | 5 | NO | | No | | 3 | | | | |
| | 13(A) C | | ORIGIN (F | Please | TES, THEN EI TICK) OTHER THAN I | NDIA | (IF YES, F | LEASE | N 13(| (A), 1 | 3(в) & 1 | 3(c): | | | |
| | 13(c) P/ | ASSPORT V | ALID FROM | | D 1 9 | D 0 | M M 5 | Y 2 | Y | Y 2 | Y 5 | | | | |
| | | | To |) | D 1 8 | D 0 | M M | Y 2 | Y | Y 3 | Y 5 | | | | |
| 14) | EDUCATIO QUALIFICA | | ILLITE | RATE | Non- Matric | M | IATRIC | | NIOR ONDAR | Y | GRADUATE | | POST ADUATE | Doctor | TECHNICA PROFESSIO |
| | (PLEASE T | ICK) | | | | | | | | YE | ES | | | | |
| 15) |) Marital S (Please T | | MAI YES | RRIED | Unm | ARRIEI |) W | IDOW/ | Wido | WER | Divore | CEE | | | |
| 16) |) SPECIALLY | ABLED | YES | 5 | No | | | | | IF YES | , TICK THE | CATE | GORY | | |
| | (PLEASE T | īck) | | | | | | LOCOM | OTIVE | | VISUAL | - | Н | EARING | |

17) KYC DETAILS

| KYC DOCUMENT TYPE | Name as on KYC Document | Number | REMARKS, IF ANY |
|--------------------------------|-------------------------|--------|-----------------|
| BANK ACCOUNT-1* | 39556508478 | | SBIN0004889 |
| NPR/AADHAAR | 4611-8338-1579 | | |
| PERMANENT ACCOUNT NUMBER (PAN) | AXWPT7802L | | |
| PASSPORT | AA217854 | | 18/05/2035 |
| DRIVING LICENCE | NA | | EXPIRY DATE |
| ELECTION CARD | | | |
| RATION CARD | | | |
| ESIC CARD | | | |

^{*} Mandatory 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.

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

| Roushau | Kumar |
|---------|-------|
|---------|-------|

DATE:

| PLACE: | SIGNATURE OF MEMBER |
|--------|--|
| | DECLARATION BY PRESENT EMPLOYER |
| ۹. | THE MEMBER Mr./Ms./Mrs |
| 3. | 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 |

- П 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: C.
 - 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 PHYSICAL CLAIM (FORM-13) FOR TRANSFER OF FUNDS FROM HIS PREVIOUS ESTABLISHMENT.

SIGNATURE OF EMPLOYER WITH SEAL OF ESTABLISHMENT

DATE: