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)

| | (PLEASE GO THROUGH THE INSTRUCTIONS) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--------------------------------------|-------------------|----------------------|--------|---|--------------|---------|----|--------|------|-----|------|-----|------------|------|-------|-----|---|-----|---|---|---|---|---|--|---|--|---|---|
| 1) | Name | (TITLE | s. | MRS. | A | N | K | I | ٢ | | S | I | 7 | ഗ | Н | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2) | DATE O | F BIRTH | | | | D | \perp | D | М | M | 1 | Υ |) | ′ | Υ | Υ | | | | | | | | | | | | | |
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| 3) | FATHER HUSBAN | R'S/ ID'S NAME | [| MR. | R | A | Ν | 7 | A \ | ۲_ | | K | υ | m | A | R | | S | I | N | Ġ | Н | | | | | | | |
| | | | | _ | | | | | | | | | | | | | | | | | | | | | | | | | - |
| 4) RELATIONSHIP IN RESPECT OF (3) ABO (PLEASE TICK) | | | | | | B OVE | | | FATH | ER | | | ŀ | Huse | AND | | | | | | | | | | | | | | |
| 5) | GENDER | ł | | | | | MA | LE | | F | EM/ | LE | | TRA | NSGI | ENDER | ₹ | | | | | | | | | | | | |
| | (PLEASE TICK) | | | | | | | ~ | | | | | | | | | 1 | | | | | | | | | | | | |
| 6) | MOBILE (IF ANY | Number) | | 9 | | 0 | | 3 | 0 |) | | ч | | 7 | | 9 | | 6 | • | 7 | L | | 5 | | | | | | |
| 7) | EMAIL I | D (IF ANY) | | a | γ | ` | K | | ì | | t | | ß | | ì | Τ. | n | | 8 | | h | T | 9 | 7 | | 3 | | 9 | |
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| Q١ | When | HED EAD! IE | | MEMBER | | | | | / D | | | _ | | | | 105 | | | | | | | | | | | | | |
| 8) WHETHER EARLIER A MEMBER OF THE EMPLOYEES' PROVIDENT FUND SCHEME, 1952? (PLEASE TICK) YES NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9) | WHET | HER EARLIE | R A | | | | , | | Es' Pi | ENSI | ON | | | , 19 | 95? | | | | 140 | | _ | | | | | | | | |
| | | | (PLEASE TICK) YES NO | | | | | | | | | _ | | | | | | | | | | | | | | | | | |
| IF RESPONSE TO ANY OR BOTH OF (8) & (9) ABOVE IS YES, THEN MANDATORILY FILL UP THE PR AT (10,11&12): | | | | | | | | | | PRE | VIO | US E | MPL | OYM | ENT | DETA | ILS | | | | | | | | | | | | |
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| ICATE ISSUED FOR NT ORDER (PPC | Y YES, THEN | DUS EMP D FOR PR | THE DE | TAILS | I SCHEMI MENT, T | E CERT | Y TIFICATE | 1BER: | Accou | JNT N UMB |
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| YYYY) ICATE ISSUED FOOT NT ORDER (PPO ER 3) ABOVE IS YERIGIN (Please | OR PREVIOUS OF PRE | DUS EMF D FOR PR | PLOYMENT EVIOUS E | TAILS | I SCHEMI MENT, T | E CERT | TIFICATE PPO NUM | NUMBER: | | |
| YYYY) ICATE ISSUED FOOT NT ORDER (PPO ER 3) ABOVE IS YERIGIN (Please | OR PREVIOUS OF PRE | DUS EMF D FOR PR | PLOYMENT EVIOUS E | TAILS | I SCHEMI MENT, T | E CERT | TIFICATE PPO NUM | NUMBER: | | |
| ICATE ISSUED FOOT TO STATE TO | Y ES, THEN Tick) THER THAN | ES ENTER | THE DE | TAILS | NO | HEN P | PPO NUN | 1BER: | | 1000 |
| S) ABOVE IS Y | Y ES, THEN Tick) THER THAN | ES ENTER | THE DE | TAILS | NO | HEN P | PPO NUN | 1BER: | | 7080 |
| S) ABOVE IS Y | Y ES, THEN Tick) THER THAN | ES ENTER | THE DE | TAILS | NO | HEN P | PPO NUN | 1BER: | | 7080 |
| 3) ABOVE IS YIRIGIN (Please | Y ES, THEN Tick) THER THAN | ES ENTER | THE DE | TAILS | No | | | .6194 | | 10.00 |
| 3) ABOVE IS YIRIGIN (Please | ES, THEN Tick) THER THAN | I ENTER | | TAILS | | A) 13 | | | | TE LICENSES |
| 3) ABOVE IS YIRIGIN (Please | ES, THEN Tick) THER THAN | I ENTER | | TAILS | | ۸) 1 | } | | | |
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17) KYC DETAILS

| KYC DOCUMENT TYPE | NAME AS ON | KYC DOCUMENT | Number | REMARKS, IF ANY |
|-----------------------------------|------------|--------------|-----------------|-----------------|
| BANK ACCOUNT-1* | ANKIT | SINGH | | 11.40 |
| NPR/AADHAAR | ANKIT | SINGH | 5158 3080 9928 | |
| PERMANENT ACCOUNT NUMBER (PAN) | ANKIT | SINGH | N×mPS2890Q | |
| PASSPORT | ANKIT | SINGH | W5130855 | 16/11/2032 |
| DRIVING LICENCE | ANKIT | SINGH | VP5720230011050 | 21/12/2042 |
| ELECTION CARD | ANKIT | SINGH | SOX3672425 | |
| RATION CARD | | , | | |
| ESIC CARD | | | | |

^{*} 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.

| DATF: | 17/06 Noid | 5/24 | | | | Autit Single | |
|--------|---------------|--|--------------------------|---|--------------------|---|----|
| PLACE: | Noice | la | | | | SIGNATURE OF MEMBE | D |
| | , 010 | | DECLARATI | ON BY PRESENT | EMPLOYER | ASSESSED TEMPE | ì |
| A. | THE ME | MBER Mr./Ms./Mr | S | HAS JOINED ON | AND HAS | S BEEN ALLOTTED PF MEMBER I | D |
| B. | • (P | OST ALLOTMENT | | ER OF EPF SCHEME, 1952 ALLOTTED FOR THE MEMBE | | | |
| | • PI | | | on: B e r in the UAN database | · E | | |
| | | | BEEN UPLOADED | | _ | | |
| | | ☐ HAVE BEEN | UPLOADED BUT NOT | APPROVED | | | |
| | | ☐ HAVE BEEN | I UPLOADED AND APPI | ROVED WITH DSC | | | |
| C. | | | | F EPF SCHEME, 1952 AND | | | |
| | | HE A BOVE ME MBER : EMBER I D AS DECL A | | as mentioned in (A) ab | OVE HAS BEEN TAGGE | ED WITH HIS/HER UAN/PREVIOU | IS |
| | • Pl | LEASE TICK THE A | PPROPRIATE OPTI O | ON:- | | | |
| | | ☐ THE KYC | DETAILS OF THE A | BOVE MEMBER IN THE U | JAN DATABASE HAVE | BEEN APPROVED WITH DIGITA | ۱L |
| | | | | RANSFER REQUEST HAS BE | | | |
| | | | | NT ARE NOT REGISTERED N OR TRANSFER OF FUNDS FRO | | IBER HAS BEEN INFORMED TO FII BLISHMENT. | E. |

DATE:

SIGNATURE OF EMPLOYER WITH SEAL OF ESTABLISHMENT