## **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)

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QUALIFICATION (PLEASE TICK)  MATRIC  SECONDARY  GRADUATE  DOCTOR  PROFI  15) MARRIED  WIDOW/ WIDOWER  DIVORCEE  16) SPECIALLY ABLED  YES  NO  IF YES, TICK THE CATEGORY	PREVIOUS DE MENUSE YE	
D D M M Y Y Y Y  (B) IF SCHEME CERTIFICATE ISSUED FOR PREVIOUS EMPLOYMENT, THEN SCHEME CERTIFICATE NUMBER: (B) IF PENSION PAYMENT ORDER (PPO) ISSUED FOR PREVIOUS EMPLOYMENT, THEN PPO NUMBER:  (B) IF PENSION PAYMENT ORDER (PPO) ISSUED FOR PREVIOUS EMPLOYMENT, THEN PPO NUMBER:  (B) IF PENSION PAYMENT ORDER (PPO) ISSUED FOR PREVIOUS EMPLOYMENT, THEN PPO NUMBER:  (C) INDIA  (C) INDIA  (D) INTERNATIONAL WORKER (PLEASE TICK)  (P	PREVIOUS PF MEMBER ID  REGION CODE OFFICE CODE ESTABLISHMENT ID EXTENSION ACCOUNT NUMBER ID	
MEMBER ID (DD/MM/YYYY)  2) (A) IF SCHEME CERTIFICATE ISSUED FOR PREVIOUS EMPLOYMENT, THEN SCHEME CERTIFICATE NUMBER:  (B) IF PENSION PAYMENT ORDER (PPO) ISSUED FOR PREVIOUS EMPLOYMENT, THEN PPO NUMBER:  3) INTERNATIONAL WORKER (PLEASE TICK)  IF THE REPLY TO (13) ABOVE IS YES, THEN ENTER THE DETAILS IN 13(A), 13(B) & 13(C):  13(A) COUNTRY OF ORIGIN (Please TICK)  INDIA  OTHER THAN INDIA (IF YES, PLEASE MENTION NAME OF THE COUNTRY)  13(B) PASSPORT NUMBER  13(C) PASSPORT VALID FROM  D D D M M Y Y Y Y Y  TO D D M M Y Y Y Y Y  14) EDUCATIONAL QUALIFICATION (PLEASE TICK)  MARRIED  MARRIE		MBER
MEMBER ID (DD/MM/YYYY)  2) (A) IF SCHEME CERTIFICATE ISSUED FOR PREVIOUS EMPLOYMENT, THEN SCHEME CERTIFICATE NUMBER:  (B) IF PENSION PAYMENT ORDER (PPO) ISSUED FOR PREVIOUS EMPLOYMENT, THEN PPO NUMBER:  (B) IF PENSION PAYMENT ORDER (PPO) ISSUED FOR PREVIOUS EMPLOYMENT, THEN PPO NUMBER:  (B) IF PENSION PAYMENT ORDER (PPO) ISSUED FOR PREVIOUS EMPLOYMENT, THEN PPO NUMBER:  (C) INDIA  (D) INDIA  (		
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(B) IF PENSION PAYMENT ORDER (PPO) ISSUED FOR PREVIOUS EMPLOYMENT, THEN SCHEME CERTIFICATE NUMBER:  3. OTHER DETAILS  33. OTHER DETAILS  34. OTHER PLY TO (13) ABOVE IS YES, THEN ENTER THE DETAILS IN 13(A), 13(B) & 13(C):  13(A) COUNTRY OF ORIGIN (Please Tick)  13(B) PASSPORT NUMBER  13(C) PASSPORT VALID FROM  D D M M Y Y Y Y  TO D D M M Y Y Y Y	MEMBER ID (DD/MM/YYYY)	
(B) IF PENSION PAYMENT ORDER (PPO) ISSUED FOR PREVIOUS EMPLOYMENT, THEN SCHEME CERTIFICATE NUMBER:  3. OTHER DETAILS  33. INTERNATIONAL WORKER YES NO  IF THE REPLY TO (13) ABOVE IS YES, THEN ENTER THE DETAILS IN 13(A), 13(B) & 13(C):  13(A) COUNTRY OF ORIGIN (Please Tick)  INDIA  OTHER THAN INDIA (IF YES, PLEASE MENTION NAME OF THE COUNTRY)  13(B) PASSPORT NUMBER  13(C) PASSPORT VALID FROM  D D M M Y Y Y Y  TO  D D M M Y Y Y Y  ILLITERATE NON-MATRIC SENIOR GRADUATE GRADUATE GRADUATE GRADUATE POST PROFILE  14) EDUCATIONAL QUALIFICATION (PLEASE TICK)  MARRIED UNMARRIED WIDOW/ WIDOWER DIVORCEE  15) MARITAL STATUS (PLEASE TICK)  MARRIED UNMARRIED WIDOW/ WIDOWER DIVORCEE		
3. OTHER DETAILS  3) INTERNATIONAL WORKER (PLEASE TICK)  IF THE REPLY TO (13) ABOVE IS YES, THEN ENTER THE DETAILS IN 13(A), 13(B) & 13(C):  13(A) COUNTRY OF ORIGIN (Please Tick)  INDIA  OTHER THAN INDIA (IF YES, PLEASE MENTION NAME OF THE COUNTRY)  13(B) PASSPORT NUMBER  13(C) PASSPORT VALID FROM  D D D M M Y Y Y Y  TO D D D M M Y Y Y Y   TO D D D M M T Y Y Y  TO D D D M M T T TO D D D M M T T T T T T T T T T T T T T T	CONTINUE CERTIFICATE ISSUED FOR DREVIOUS EMPLOYMENT THEN COLUMN CERTIFICATE ALLIANDED.	
International Worker (Please Tick)  If the reply to (13) above is yes, then enter the details in 13(a), 13(b) & 13(c):  13(a) Country of Origin (Please Tick)  India  Other than india (If yes, please Mention name of the Country)  13(b) Passport number  13(c) Passport valid from  D D M M Y Y Y Y T T T O D D M M Y Y Y Y  ILLITERATE  Non-Matric  Senior Secondary  Graduate  Graduate  Graduate  Doctor  Profi  (Please Tick)  Married  Unmarried  Widow/ Widower  Divorcee  16) Specially abled  Yes No  If Yes, Tick the Category	TABLET ORDER (PPO) ISSUED FOR PREVIOUS EMPLOYMENT, THEN PPO NUMBER:	
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IF THE REPLY TO (13) ABOVE IS YES, THEN ENTER THE DETAILS IN 13(A), 13(B) & 13(C):  13(A) COUNTRY OF ORIGIN (Please Tick)  INDIA  OTHER THAN INDIA (IF YES, PLEASE MENTION NAME OF THE COUNTRY)  13(B) PASSPORT NUMBER  13(C) PASSPORT VALID FROM  D D M M Y Y Y Y  TO D D M M Y Y Y Y  L4) EDUCATIONAL QUALIFICATION (PLEASE TICK)  ILLITERATE  NON- MATRIC  SENIOR SECONDARY  GRADUATE  GRADUATE  GRADUATE  DOCTOR  PROFI  L5) MARRITAL STATUS (PLEASE TICK)  MARRIED  UNMARRIED  UNMARRIED  WIDOW/ WIDOWER  DIVORCEE	3) INTERNATIONAL WORKER VSG	
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INDIA  OTHER THAN INDIA (IF YES, PLEASE MENTION NAME OF THE COUNTRY)  13(B) PASSPORT NUMBER  13(C) PASSPORT VALID FROM  D D M M Y Y Y Y  TO D D M M Y Y Y Y  L4) EDUCATIONAL QUALIFICATION (PLEASE TICK)  MATRIC  MATRIC  SENIOR SECONDARY  GRADUATE  GRADUATE  GRADUATE  DOCTOR PROFI  L5) MARRIED  UNMARRIED  WIDOW/ WIDOWER  DIVORCEE  L6) SPECIALLY ABLED  YES  NO  IF YES, TICK THE CATEGORY	IF THE PERI V TO (12) AROUS TO USE	
A) EDUCATIONAL QUALIFICATION (PLEASE TICK)  MARRIED  UNMARRIED  UN	13(A) COUNTRY OF ORIGIN (Please Tick)	
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(PLEASE TICK)  MARRIED UNMARRIED WIDOW/ WIDOWER DIVORCEE  (PLEASE TICK)  YES NO IF YES, TICK THE CATEGORY		
MARRIED UNMARRIED WIDOW/ WIDOWER DIVORCEE  (PLEASE TICK)  YES NO IF YES, TICK THE CATEGORY	OLIANTEGETTON TELEFICIAL MATRIC GRADUATE DOCTOR	TECHNICAL
(PLEASE TICK)  1.6) SPECIALLY ABLED  YES  NO  IF YES, TICK THE CATEGORY	QUALIFICATION MATRIC MATRIC SECONDARY GRADUATE GRADUATE DOCTOR	TECHNICAL PROFESSION
6) SPECIALLY ABLED  YES  NO  IF YES, TICK THE CATEGORY	QUALIFICATION ILLITERATE MATRIC SECONDARY GRADUATE GRADUATE DOCTOR	
6) SPECIALLY ABLED  YES  NO  IF YES, TICK THE CATEGORY	QUALIFICATION ILLITERATE MATRIC SECONDARY GRADUATE GRADUATE DOCTOR	
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17) KYC DETAILS

KYC DOCUMENT TYPE	NAME AS ON KYC DOCUMENT	Number	REMARKS, IF ANY
BANK ACCOUNT-1*	Niray . T. Koli	0185/01/0004947	PSC Trect
NPR/AADHAAR	Niraj. T. Koli	9531 7955 5563	
PERMANENT ACCOUNT NUMBER (PAN)	Nircy . F. Koli	GWEPK7654A	
PASSPORT			Expiry Date
DRIVING LICENCE	Niraj .T. Koli	MH19. 202000 10535	EXPRY DATE
ELECTION CARD			
RATION CARD			
ESIC CARD		72.00	

<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.

PLACE: Kalyan	DATE:	03/	05/	12023
	PLACE:	K	aly	an

SIGNATURE OF MEMBER

		PRESE		

A. THE MEMBER Mr./Ms./Mrs. Nicol Has Joined on AND HAS BEEN ALLOTTED PF MEMBER ID

- B. IN CASE THE PERSON WAS EARLIER NOT A MEMBER OF EPF SCHEME, 1952 AND EPS, 1995:
  - - 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
- C. 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 PHYSICAL CLAIM (FORM-13) FOR TRANSFER OF FUNDS FROM HIS PREVIOUS ESTABLISHMENT.

DATE: 03/05/2023

SIGNATURE OF EMPLOYER WITH SEAL OF ESTABLISHMENT

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