

## **Declaration For**

(To be retained by the Employer for future referen

## **Employees' Provident Fund Organization**

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

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

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WHETHER EARLIER A M	MEMBER	OF T	HE I	EMPL	OYEE	s' PR	OVID	ENT	FUN	D SC	HEME,	, 19	527			/	1	_				
MUETHER FARILIER A P	/I	PLEAS	SE T	TICK)					YES	;					N	0						
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WHETHER EARLIER A M	MEMBER	OF T	HE	EMPL					YES	5					N	0						

		ACCOUN	IT NUME	BER (UA	AN) OR PE	FVIOUS	DE M	MDEE	ID.					
10) THE DETAILS OF T					, 0,0,11	- VIOUS	I I ME	MBER	ID:					
OR				_										
PREVIOUS PF M	EMBER ID	F	REGION	CODE	OFFICE	CODE	ESTA	BLISHN	MENT ID	EXTEN	SION	Accou	NT NUMBER	
11) DATE OF EXIT FOR PREVIOUS MEMBER ID (DD/MM/YYYY)		D	D	M	1 M	1		Y	Y	Y				
12) (A) IF SCHEME C (B) IF PENSION F	ERTIFICATE ISS PAYMENT ORDER	UED FO	R PREVI	OUS EM	MPLOYMEN PREVIOUS	IT, THEI	N SCHE	ME CE	RTIFICATI PPO NU	E NUMBE	R:	-		
THER DETAILS				-			-				-			
13) INTERNATIONAL W (PLEASE TICK)	INTERNATIONAL WORKER     (PLEASE TICK)		)	'ES	4		No							
IF THE REPLY TO	(13) ABOVE	IS YES	S, THEN	ENTE	R THE DE	TAILS	IN 13	(A),	13(B) 8	(13(c)				
13(A) COUNTRY	OF ORIGIN (Ple	ease I	ICK)	<b>L</b>						(-)				
INDIA	1 -14	OTH MEN	ER THA	N INDIA	(IF YES,	PLEASI	E /							
13(B) PASSPORT I	NUMBER _	7												
13(c) PASSPORT														
13(C) PASSPORT	ALID FROM		D	D	MIN	1 Y	Y	TY	Y					
IS(C) PASSPORT	ALID FROM		D	D	M N	1 Y	Y	Y	Y					
IJ(C) PASSPORT	ALID FROM		D	D	M N			Y						
13(C) PASSPORT				A										
1	То			D	MN	1 Y		Y	Y Y		Pos	ज	Postor	Тесниіс
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1) EDUCATIONAL	То	TE	D Non-	D	MN	1 Y	Y	Y	Y Y	ATE (		200	Doctor	THE RESERVE TO SERVE THE PARTY OF THE PARTY
EDUCATIONAL QUALIFICATION	To		D Non-Matrio	D	M N	1 Y	Y	Y RY	GRADU		GRADI	200	Doctor	TECHNIC/ PROFESSIO
DEDUCATIONAL QUALIFICATION (PLEASE TICK)	То		D Non-Matrio	D	M N	1 Y	Y	Y RY	GRADU	ATE (	GRADI	200	Doctor	THE RESERVE TO SERVE THE PARTY OF THE PARTY
EDUCATIONAL QUALIFICATION (PLEASE TICK) ) MARITAL STATUS	To		D Non-Matrio	D	M N	1 Y	Y	Y	GRADU	VORCEE	GRADU	JATE	DOCTOR	THE RESERVE TO SERVE THE PARTY OF THE PARTY

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## 17) KYC DETAILS

KYC DOCUMENT TYPE	NAME AS ON KYC DOCUMENT	NUMBER	DEMANUE TO
BANK ACCOUNT-1*		HOHOLK	REMARKS, IF ANY
NPR/AADHAAR			TI DO CODE
PERMANENT ACCOUNT NUMBER (PAN)			
PASSPORT			EXPIRY DATE
DRIVING LICENCE			EXPIRY DATE
ELECTION CARD			
RATION CARD	1		
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 FRI THE PREVIOUS ACCOUNT AS DECLARED ABOVE TO THE PRESENT P.F. ACCOUNT. (THE TRANSFER WOULD BE POSSIE ONLY IF THE IDENTIFIED KYC DETAILS APPROVED BY PREVIOUS EMPLOYER HAS BEEN VERIFIED BY PRESE 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 MEMB
	DECLARATION BY PRESENT EMPLOYER
	THE MEMBER Mr./Ms./Mrs. Mad INCINCTION JOINED ON O. T. 109-2927 AND HAS BEEN ALLOTTED PF MEMBER
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
	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  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 ELECTRON OF ESTABLISHMENT.  PHYSICAL CLAIM (FORM-13) FOR TRANSFER OF FUNDS FROM HIS PREVIOUS ESTABLISHMENT.

SIGNATURE OF EMPLOYER WITH SEAL OF ESTABLISHME

DATE:

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