Composite Declaration Form -11

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|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name & Address of the Trust | UAN | Member EPS A/c Number | Date of joining (DD/MM/  YYYY) | Date of exit (DD/MM/ YYYY) | Scheme Certificate No. (if  issued | Non Contributory Period (NCP)  Days |
|  |  |  |  |  |  |  |

EMPLOYEES’ PROVIDENT FUND ORGANISATION

Employs’ Provident Funds Scheme, **1952** (Paragraph 34 & 57) &

**Employs' Pension Scheme, 1995 (Paragraph 24)**

(**Declaration by person taking up employment in any establishment or which EPF Scheme, 1952 and /or EPS, 1995 is applicable)**

|  |  |  |
| --- | --- | --- |
|  | Name of the member |  |
| 2 | Father’s Name  Spouse’s Name |  |
| 3 | Date of Birth: ( **DD / MM / YYYY** ) |  |
| 4 | Gender: (Male/Female/Transgender) |  |
| 5 | Marital Status: (Married/Unmarried/Widow/Widower/Divorcee) |  |
| 6 | (a) Email ID:  (b} Mobile No.: |  |
| 7 | Present **employment details:**  Date of joining in the current establishment (DD/MM/YYYY) |  |
| 8 | KYC Details: (attach self-attested copies of following KYCs) |  |
| 1. Bank Account No. : 2. IFS Code of the branch: |  |
| 1. Aadhar Number: |  |
| d) Permanent Account Number (PAN), if available |  |
| 9 | Whether earlier a member of Employees’ Provident Fund Scheme,  1952 | **Yes/No** |
| 10 | Whether earlier a member of Employees’ Pension Scheme, 1995 | Yes /No |
| 11 | **Previous** employment derails: [if Yes to 9 AND/OR **l0 above]** - **Un-exempted**   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | Establishment  Name & Address | Universal  Account Number | PF Account  Number | Date of joining  (DD/MM/ YYYY) | Date of exit  (DD/MM/ YYYY) | Scheme  Certificate  No. (if  issued | PPO Number  (if issued) | None  Contributory  Period  (NCP) Days | |  |  |  |  |  |  |  |  | | |
| 12 | **Previous** employment **details: [If** Yes to 9 AND/OR **10 above]** — **For Exempted** Trusts | |
| 13 | a) International **Worker:** | Yes/No |
| b) If yes, state country of origin (India/Name of other country) |  |
|  |  |
| d) Validity of passport [(DD/MM/YYYY) to (DD/MM/YYYY)] |  |

UNDERTAKING

1) Certified that the particulars are true to the best of my knowledge.

1. 1 authorize EPFO to use my Aadhar for verification/authentication/e-KYC purpose for service delivery.
2. Kindly transfer the funds and service details, if applicable, from the previous PF account as declared above to the present P.F. Account as I am an Aadhar verified employee in my previous PF Account\*
3. In case of changes in above details, the same will be intimated to employer at the earliest.

Date

Signature of Member

**DECLARATION BY PRESENT EMPLOYER**

1. **The member Mr/Ms/Mrs ......................................................................... has joined on ......................................... and has been**

**allotted PF No ....................................................................... and UAN ................................................................................................ .**

1. **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/e-sign.**

1. **In case the person was earlier 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 been approved with E-sign/Digital Signature**

**Certificate and transfer request has been generated on portal.**

* **The previous Account of the member is not Aadhar verified and hence physical transfer form shall be initiated.**

**Date: Signature of Employer with Seal of Establishment**

**\* Auto transfer of previous PF account would be possible in respect of Aadhar verified employees only. Other employees are requested to file physical claim (Form-13) for transfer of account from the previous establishment.**