

Composite Declaration Form -11

(To be retained by the employer for future reference)

EMPLOYEES' PROVIDENT FUND ORGANISATION

Employees' Provident Funds Scheme, 1952 (Paragraph 34 & 57) &
Employees' Pension Scheme, 1995 (Paragraph 24)
(Declaration by a person taking up employment in any establishment on which EPF Scheme, 1952 and /or EPS, 1995 is applicable)

1	Na	ame of the member		aan aalaidh dh'al-dh'adhaa dh'a dh'an dha' adha' alba' alba' agadh i naa da	austrille veltion helye en Austrile veltionskild moderning fleg de des selles killen		um ay capquimissa a annonnini golfongumic manago cup, qis a qua			
2	Father's Name Spouse's Name									
3	Da	Date of Birth: (DD / MM / YYYY)								
4	Ge	Gender: (Male/Female/Transgender)								
5	Marital Status: (Married/Unmarried/Widow/Widower/Divorcee)									
6	,	(a) Email ID: (b) Mobile No.:								
7	Da	Present employment details: Date of joining in the current establishment (DD/MM/YYYY)								
	KY	KYC Details: (attach self attested copies of following KYCs)								
8	a) b)	Bank Account N IFS Code of the								
	c)	AADHAR Num								
	d)	Permanent Acco		A STATE OF THE PARTY OF THE PAR						
9		Whether earlier a member of Employees' Provident Fund Scheme, 1952					Yes / No			
10		hether earlier a me						Yes / No		
	Pro	evious employme	nt details: [if Y	es to 9 AND/	OR 10 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)	Non Contributory Period (NCP) Days	
11	eriolistico e e e e e e e e e e e e e e e e e e e									
week war ver ver ver	Pro	Previous employment details: [if Yes to 9 AND/OR 10 above] - For Exempted Trusts								
		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	
12							W (1)	ofodio-orange-management		
						5.		The state of the s		
······································	a)	a) International Worker:					Yes / No			
13	b) If yes, state country of origin (India/Name of other country) c) Passport No.									
	c)	Passport No.			* P ()	4				

UNDERTAKING

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

Date:

- 2) I authorize EPFO to use my Aadhar for verification/authentication/e-KYC purpose for service delivery.
- 3) 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.*

4) In	case of changes in above details, the same will be intimated to employer at the earliest.							
Date: Place:	Signature of Member							
	DECLARATION BY PRESENT EMPLOYER							
A.	The member Mr/Ms/Mrs							
	allotted PF Noand UAN							
В.	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.							
C.	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.							
	The previous recount of the member is not require verticet and hence physical transical torill shall be infinited.							

*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.

Signature of Employer with Seal of

Establishment