

IF RESPONSE TO ANY OR BOTH OF (8) & (9) ABOVE IS YES, THEN **MANDATORILY** FILLUP THE PREVIOUS EMPLOYMENT DETAILS AT (10, 11 & 12):

A. PREVIOUS EMPLOYMENT DETAILS

10) THE DETAILS OF THE UNIVERSAL ACCOUNT NUMBER (UAN) OR PREVIOUS PF MEMBER ID:

UAN

1	0	1	8	7	0	9	0	5	2	3	3
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OR

PREVIOUS PF MEMBER ID

REGION CODE	OFFICE CODE	ESTABLISHMENT ID	EXTENSION	ACCOUNT NUMBER

11) DATE OF EXIT FOR PREVIOUS MEMBER ID (DD/MM/YYYY)

D	D	M	M	Y	Y	Y	Y
3	0	0	9	2	0	2	3

12) (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. OTHER DETAILS

13) INTERNATIONAL WORKER (PLEASE TICK)

YES	NO
	<input checked="" type="checkbox"/>

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

14) EDUCATIONAL QUALIFICATION (PLEASE TICK)

ILLITERATE	NON-MATRIC	MATRIC	SENIOR SECONDARY	GRADUATE	POST GRADUATE	DOCTOR	TECHNICAL/PROFESSIONAL
				<input checked="" type="checkbox"/>			

15) MARITAL STATUS (PLEASE TICK)

MARRIED	UNMARRIED	WIDOW/WIDOWER	DIVORCEE
	<input checked="" type="checkbox"/>		

16) SPECIALLY ABLED (PLEASE TICK)

YES	NO
	<input checked="" type="checkbox"/>

IF YES, TICK THE CATEGORY		
LOCOMOTIVE	VISUAL	HEARING

17) KYC DETAILS

KYC DOCUMENT TYPE	NAME AS ON KYC DOCUMENT	NUMBER	REMARKS, IF ANY
BANK ACCOUNT-1*	SHASHIKANT SINGH	36908897865	IFSC CODE: SBIN0013423
NPR/AADHAAR	SHASHIKANT SINGH	932085244681	
PERMANENT ACCOUNT NUMBER (PAN)	SHASHIKANT SINGH	LGSPS6640D	
PASSPORT			EXPIRYDATE
DRIVING LICENCE			EXPIRYDATE
ELECTION CARD			
RATION CARD			
ESIC CARD			
*Mandatory Field (NOTE: BANK ACCOUNT NUMBER (ALONG WITH IFSC CODE) IS MANDATORY. YOU ARE HOW EVER ADVISED TO PROVIDE ALL KYC DOCUMENTS AVAILABLE WITH YOU IN ADDITION TO MANDATORY KYCS TO AVAIL BETTER SERVICES. SELF-ATTESTED PHOTO COPIES OF THE DOCUMENTS MUST BE ATTACHED WITH THISFORM.			

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.**

DATE: 12-10-2023

PLACE:

SHASHIKANT SINGH

SIGNATURE OF MEMBER

DECLARATION BY PRESENT EMPLOYER

- A. THE MEMBER Mr./Ms./Mrs.....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:**
- (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 DATA BASE
 - ☐ 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 DATA BASE 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:

SIGNATURE OF EMPLOYER WITH SEAL OF ESTABLISHMENT

FORM 2 (Revised)

NOMINATION AND DECLARATION FORM

(For Unexempted / Exempted Establishments)

Declaration and Nomination Form under the Employees Provident funds & Employees pension Scheme (Paragraph 33 and 61 (1) of the Employees provident Fund Scheme, 1952 & Paragraph 18 of the Employees Pension Scheme, 1995).

1. Name : SHASHIKANT SINGH
(in block letters)
2. S/o, W/o, D/o Name : AJAY KUMAR SINGH
3. Date of Birth : 29-11-2000 4. Sex : MALE 5. Date of Joining : 01-10-2023
6. Marital Status : 7. Account No.
- 8 (a) Address Permanent : GIPCL TOWNSHIP, SURAT (394110), GUJARAT
- (b) Address Temporary : GANGA GARDEN, MUNDHWA, PUNE (411036), MAHARASTRA

PART A (EPF)

I hereby nominated the person (s) / cancel the nomination made by me previously and nominate the person (s), mentioned below to receive the amount standing to my credit in the Employees' provident Fund, in the event of my Death :

Name of the Nominee / Nominees	Address	Nominees relationship with the member	Date of Birth	Total Amount of share of Accumulations in PF to be paid to each Nominee	If the Nominee is a minor, Name & relationship & address of the guardian who may receive the amount during the minority of nominee
1	2	3	4	5	6
1. Pushpa Singh	GIPCL TOWNSHIP, SURAT (394110), GUJARAT	Mother	15/10 /1978	100	

1. * Certified that I have no family as defined in para 2 (g) of the Employees' Provident Fund Scheme, 1952 and should I acquire a family hereafter the above nomination should be deemed as cancelled.
2. * Certified that my father / mother is / are dependent upon me.

12-10-2023

SHASHIKANT SINGH

* Strike out whichever is not applicable

Signature or thumb impression of the subscriber

Part B (EPS) (para 18)

I hereby furnish below particulars of the members of my family who would be eligible to receive (widow/children) pension in the event of my death.

S. No.	Name and Address of the family member		Date of Birth	Relationship with member
	Name	Address		
1	2	3	4	5
1				
2				
3				
4				
5				

** Certified that I have no family as defined in para 2(vii) of Employees' Pension Scheme, 1995 and should I acquire a family hereafter I shall furnish particulars thereon in the above form.
I hereby nominate the following person for receiving the monthly widow pension (admissible under para 16 2(a) (i) & (ii) in event of my death without leaving any eligible family member for receiving pension.

S. No.	Name & address of the nominee	Date of Birth	Relationship with the member
1.	Pushpa Singh GIPCL TOWNSHIP, SURAT (394110), GUJARAT	29/11/2000	Mother
2.			
3.			
4.			
5.			
6.			

Date : 01-10-2023

SHASHIKANT SINGH

*Strike out whichever is not applicable

Signature or thumb impression of the subscriber

CERTIFICATE BY EMPLOYER

Certified that the above declaration and nomination has been signed/thumb impressed before me by Shri/Smt./Kum. employed in my establishment after he/she has read the entries/entires have been read over to him/her by me and got confirmed by him/her.

Signature of the employer or other

Authorized officer of the establishment:

Place :

Designation :

Dated : Name and address of the Factory

Establishment or rubber stamp there of:

FORM 'F'

[See sub-rule (1) of rule 6]

Nomination

ToFISERV INDIA PVT. LTD.....

[Give here name or description of the establishment with full address]

I. Shri/Shrimati/Kumari SHASHIKANT SINGH whose particulars are given in the statement below,
[Name in full here]
hereby nominate the person(s) mentioned below to receive the gratuity payable after my death as also the gratuity standing to my credit in the event of my death before that amount has become payable, or having become payable has not been paid and direct that the said amount of gratuity shall be paid in proportion indicated against the name(s) of the nominee(s).

2. I hereby certify that the person(s) mentioned is a/are member(s) of my family within the meaning of clause (h) of section (2) of the Payment of Gratuity Act, 1972.

3. I hereby declare that I have no family within the meaning of clause (h) of section (2) of the said Act.

4.

(a) My father/mother/parents is/are not dependent on me.

(b) my husband's father/mother/parents is/are not dependent on my husband.

5. I have excluded my husband from my family by a notice dated the to the Controlling Authority in terms of the proviso to clause (h) of section 2 of the said Act.

6. Nomination made herein invalidates my previous nomination.

Nominee(s)

Name in full with full address of nominee(s)	Relationship with the employee	Age of nominee	Proportion by which the gratuity will be shared
1. PUSHPA SINGH	MOTHER	45	100%
2.			
3.			
so on.			

Statement

1. Name of employee in full. SHASHIKANT SINGH
2. Sex. MALE
3. Religion. HINDU
4. Whether unmarried/married/widow/widower. UNMARRIED
5. Department/Branch/Section where employed. Fiserv, Pune
6. Post held with Ticket or Serial No., if any. TAP-II
7. Date of appointment. 01-10-2023
8. Permanent address. GIPCL TOWNSHIP, SURAT (394110), GUJARAT

Village Thana Sub-division Post Office

District State.....

Place Pune
Date 12-10-2023

SHASHIKANT SINGH
Signature/Thumb impression
of the employee

Declaration by witnesses

Nomination signed/thumb impressed before me.

Name in full and full
address of witnesses.

Signature of witnesses.

1. Sarthak Srivastava
2. Sampada Nemade

- 1.
- 2.

Place Pune

Date 12-10-2023

Certificate by the employer

Certified that the particulars of the above nomination have been verified and recorded in this establishment.

Employer's Reference No., if any.

Signature of the employer/
officer authorised

Designation

Date

Name and address of the
establishment or rubber stamp
thereof.

Acknowledgement by the employee

Received the duplicate copy of nomination in Form 'F' filed by me and duly certified by the employer.

Date 01-10-2023

Signature of the employee

SHASHIKANT SINGH