To,

The Trustees,

TATA Consultancy Services Employees Provident Fund,

Dear Sir,

As I have ceased to be an employee of TCS Limited with effect from \_\_\_\_\_\_\_\_\_\_\_, I request you to settle my Provident Fund account and pay the said amount at an early date.

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Father’s / Husband’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address for Correspondence:

3. Employee Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Date of Joining Service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Date of Cessation of Service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Period of Service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. PAN Card No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Personal Email id: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. Bank Account details:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of Bank** | **Branch** | **Saving Bank Account No.** | **Account Type** | **IFSC Code** | **MICR** |
|  |  |  |  |  |  |

9. Reason for leaving service / withdrawal of Provident Fund Accumulations: (Tick any one appropriate option)

1. Retirement b) Permanent migration from India
2. Permanent & total Disablement d ) Unemployment (More than 2 months)
3. Getting Married (Only in case of Female members)

# Note:

# T h e PF withdraw al amount is subject to tax, if contributory service (inclusive of service rendered in previous employment is transferred to TCS PF a/c) is less than five years.

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# DECLARATION OF NON-EMPLOYMENT

**(This declaration is applicable if you have selected option (d) from the above reason for withdrawal)**

# I declare that I have not been employed in any Factory/Establishment to which the Act applies for a continuous period of not less than 2 months immediately preceding the date of my application for withdrawal of my Provident Fund money.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Signature of Employee

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# I certify that the particulars given above are true.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Signature of Employee

# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Seal & Signature of Employer