

Mobile Number TCS Employee ID 

EMPLOYEE'S PROVIDENT FUNDS ORGANIZATION
COMPOSITE CLAIM FORM
FORM NO - 10C (PENSION WITHDRAWAL BENEFITS)

1	Claim Applied for: Pension Withdrawal Benefits	
2	Name of the Member : (IN CAPITAL LETTERS)	
3	a): Universal Account Number (UAN) b): Pension Number (EPS). (In case UAN is not available).	a): b): MH/BAN/48475/000/
4	Aadhaar Number (for seeding) :	
5	a): Father's name: b): Husband's name:	
6	Date of Birth:	
7	Date of Joining Establishment:	
8	Date of Leaving Service :	
9	a): Permanent Account Number.(PAN): b): Reason for Leaving Service: - Service Terminated on account of (a) ill health of member (b) Contraction / Discontinuation of employer's business or (c) Other Cause beyond the control of the member - Personal Reasons.	
10	Bank Account Details for Payment: (Please attach a copy of cancelled cheque/attested copy of first page of passbook)	Saving Bank Account Number. Name & Address of the Bank. IFS Code
11	Full Postal address	

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- The member hereby declares that he has not been employed for two months (Yes/No)
- Certified that the particulars are true to the best of my knowledge.

Member's Signature

Employer's Signature
Designation & Seal of Employer