



Employee Code:

Mention your employee ID

APPLICATION FORM TOWARDS PROVIDENT FUND SETTLEMENT

To,
The Trustees
Mphasis Group Employees Provident Fund

Bagmane World Technology Centre 3, Block B, 1st floor, Mention employee name as **Marthahalli Outer Ring Road, Doddanekundi, Mahadevpura, per the company records Bangalore - 560 048.**

Date : _____

1. *I Mr /Mrs/ Ms.(Name in block letter) _____ ceased to be an employee of M/S Mphasis Limited with effect from (Date of Leaving) _____ on account of:-
(tick the below appropriate box)

Mention the Date of Separation

Reason for leaving

Mention the reason for leaving.

Retirement Medical

unfitness Death End of Contract Permanent settlement abroad

Resignation Retrenchment VRS Termination others (specify) _____

Parent Name (Husband name in case of married women) : _____

Mention father/husband name *2)

*3) Address for Communication : _____

Mention your postal address with PIN#

*Pin Code: _____

*Phone : _____

Mention your phone # & Email ID City: _____

*Email : _____

* Gender		*PF No.	KN/16573/	*PAN	
*Employee Code		EPS No.	KN/16573/		
*Date of Birth		*Date of Joining			
*Bank A/c no.			*Bank Name		
*Branch IFSC Code			*Branch Name		

Employee needs to sign here

Fill above Information as they are mandatory *

* Signature of Employee

Signature of Employer/Authorized official



DECLARATION

1) Declaration of Non-Employment

You are requested to settle my Provident Fund Account **KN/16573/** _____

I hereby declare that I have not been employed in any factory/establishment to which the Employees' Provident Funds and Miscellaneous Provisions Act,1952 applies for a continuous period of not less than two months immediately preceding the date of my application for final withdrawal of my Provident Fund money.

Employee needs to sign here

* Signature of Employee

Mention your PF #

2) Authorizing for Deduction of Income Tax

The Board of Trustees of Mphasis Group Employees' Provident Fund or any person authorized by it shall deduct Income Tax as per the provisions of Income Tax from the payment of accumulated balance due to be paid which is not exempted from Tax and liable to be included in the total income as provided under the Rule 8 or 10 of Part A of the 4th Schedule of the Income Tax Act, 1961.

I hereby agree with the terms and conditions described above.

Employee needs to sign here

* Signature of Employee