

Composite Declaration Form -11

(To be retained by the ensployer 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)

	Name of the memb	er									
2	Father's Name Spouse's Name										
3	Date of Birth: (DD	/MM/YYYY)								
4											
5	Marital Status: (Ma	arried/Unmarried/	Widow/Wido	wer/Divorcee)							
6	(a) Email ID: (b) Mobile No.:										
7	Present employme Date of joining in t		shment (DD/N	MM/YYYY)							
	KYC Details: (attach self attested copies of following KYCs)										
8	a) Bank Account No.: b) IFS Code of the branch:										
	c) AADHAR Nu	c) AADHAR Number									
	d) Permanent Account Number (PAN), if available										
9		Whether earlier a member of Employees' Provident Fund Scheme,				Yes / No					
10	Whether earlier a m	nember of Employ	vees' Pension	Scheme 1995	1		Yes / No	3×			
	Previous employm				Un-exempted						
11	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			
	-				-						
	H	1	Previous employment details: [if Yes to 9 AND/OR 10 above] - For Exempted Trusts								
	Previous employm	ent details: [if Y	es to 9 AND/	OR 10 above] -	For Exempte	d Trusts					
12	particular in the last of the last	ent details: [if Y	es to 9 AND/	OR 10 above] – Member EPS A/c Number	Date of joining (DD/MM/ YYYY)	Date of exit (DD/MM/ YYYY)	Schane Certificate No. (if issued	Non Contributory Period (NCP) Days			
112	particular in the last of the last			Member EPS A/c	Date of joining (DD/MM/	Date of exit (DD/MM/	Certificate No. (if	Contributory Period (NCP)			
12	particular in the last of the last	ress of the Trust		Member EPS A/c	Date of joining (DD/MM/	Date of exit (DD/MM/ YYYY)	Certificate No. (if	Contributory Period (NCP)			
	a) International b) If yes, state con	ress of the Trust	UAN	Member EPS A/c Number	Date of joining (DD/MM/	Date of exit (DD/MM/ YYYY)	Certificate No. (if issued	Contributory Period (NCP)			
112	a) International b) If ves, state cou	ress of the Trust Worker: untry of origin (In	UAN dia/Name of o	Member EPS A/c Number	Date of joining (DD/MM/	Date of exit (DD/MM/ YYYY)	Certificate No. (if issued	Contributory Period (NCP)			
113	a) International b) If ves, state cou	worker: untry of origin (In	UAN dia/Name of o	Member EPS A/c Number other country)	Date of joining (DD/MM/ YYYY)	Date of exit (DD/MM/ YYYY)	Certificate No. (if issued	Contributory Period (NCP)			

UNDERTAKING

- 1) Certified that the particulars are true to the best of my knowledge.
- 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 1 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 men	nber Mr/Ms/Mrs
	allotted I	F Noand UAN
В.	In case th	ne person was earlier not a member of EPF Scheme, 1952 and HPS, 1995:
	• P	lease Tick the Appropriate Option:
		The KYC details of the above member in the UAN database
	Ear CI	Have not been uploaded
		Have been uploaded but not approved
		Have been uploaded and approved with DSC/e-sign.
C.	In case th	ne 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 Signatu
	О	Certificate and transfer request has been generated on portal. The previous Account of the member is not Audhar verified and hence physical transfer form shall be initiated.
	11	the previous Account of the memoer is not Asunar vertiest and neace physical transfer form shall be initiated.
	Date:	Signature of Employer with Seal of

Establishment

^{*}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.