[**www.epfindia.gov.in**](https://falabella.stohrm.com/www.epfindia.gov.in)

A picture containing text, gear

Description automatically generated**Composite Declaration Form -11**

*(To be retained by the employer for future reference)*

**EMPLOYEES' PROVIDENT FUND ORGANIZATION**

**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)**

|  |  |  |
| --- | --- | --- |
| 1 | Name of the member |  |
| 2 | Father's Name Spouse's Name  (Please tick whichever is applicable) |  |
| 3 | Date of Birth:(dd/mm/yyyy) |  |
| 4 | Gender (Male/Female/Transgender): |  |
| 5 | Marital Status: (Single/Unmarried/Married/Divorced/Widowed/DeFacto/Common- Law/Separated) |  |
| 6 | 1. Email ID : 2. Mobile No : |  |
| 7 | **Present employment details**:  Date of joining in the current establishment (dd/mm/yyyy) |  |
| 8 | **KYC Details:** (attached self attested copies of following KYCs) |  |
| 1. Bank Account Number: 2. IFS Code of the branch: |  |
| c) AADHAR Number |  |
| d) Permanent Account Number(PAN), if applicable |  |
| 9 | Whether earlier a member of Employees' Provident Fund Scheme,1952? |  |
| 10 | Whether earlier a member of Employees' Pension scheme,1995? |  |
| 11 | **Previous employment details:** | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Universal Account Number** | **PF Account Number** | **Date of Exit (dd/mm/yyyy)** | **Scheme Certificate No.(If issued)** | **PPO**  **Number(If issued)** | | 1 |  |  |  |  | | |
| 13 | **a) International Worker** | No |
| b) If yes, state country of origin(India/Name of other country) |  |
| c) Passport No. |  |
| d) Validity of passport [From (dd/mm/yyyy) To (dd/mm/yyyy)]. |  |

#### 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 I 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

1. The member Mr./Ms./Mrs.**Name of Employee** has joined on **Start Date** and has been allotted PF No. and UAN
2. In case the person was earlier not 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 not been uploaded



Have been uploaded but not approved

Have been uploaded but approved with DSC/e-sign.

1. In case 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 Signature Certificate and transfer request has been generated on portal.

 The previous Account of the member is not Aadhar verified and hence 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.

FORM F

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

#### NOMINATION

To,

###### M/S. H&M Services Pvt. Ltd,

1. I Shri/Shrimati/Kumari **Name of the Employee** whose particulars are given in the statement below, 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.

1. I have excluded my husband from my family by a notice dated the . To the Controlling Authority in terms of the provision to clause (h) of Section 2 of the said Act.
2. Nomination made herein invalidates my previous nomination.

NOMINEE(S)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| S.No. | 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 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |

Statement

1. Name of employee in full :
2. Sex :
3. Religion :
4. Whether Unmarried/Married/Widow/Widower
5. Department / Branch / Section where employed
6. Post held with Ticker No. or Serial No. if any

:

:

:

1. Date of appointment :
2. Permanent Address :

Village : Post Office :

Thana : District :

Sub-division : State :

Place :

Date :

Signature/Thumb impression of the employee

Name in full and full address of witnesses

### Declaration by witnesses

Nomination signed/thumb-impressed before me

Signature of Witnesses

1) 1)

2) 2)

Place :

Date :

### 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. for

###### Authorised Signatory

**M/S. H&M Services Pvt. Ltd,**

Signature of the employer / officer authorised Designation

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 : Signature of employee

Note: Strike out the words/paragraphs not applicable