New Form No 11 - Declaration Form

(To be retained by the employer for future reference)

EMPLOYEES' PROVIDENT FUND ORGANISATION

Employees' Provident Fund 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 EPS, 1995 is applicable)

1	Name of the Member	
2	Fathers' Name Spouse's Name (Please tick whichever is applicable)	
3	Date of Birth (DD/MM/YYYY)	
4	Gender (Male/Female/Transgender)	
5	Marital Status (Married/Unmarried/Widow/Widower/Divorcee)	
6	(a) Email ID: (b) Mobile No:	
7	Whether earlier a member of EPF Scheme, 1952	
8	Whether earlier a member of EPS Scheme, 1995	
	Previous employment details: [if Yes to 7 and/or 8 above] a) Universal Account Number:	
	b) Previous PF Account Number:	
9	c) Date of exit previous employment: (DD/MM/YYYY)	
	d) Scheme Certificate No (if issued)	
	e) Pension Payment Order (PPO) No (if issued)	
10	a) International Worker:	
	b) If yes, state country of region (India/Name of country)	
	c) Passport No:	
	d) Validity of Passport [DD/MM/YYYY]	
11	KYC Details:(attach self-attested copies of following KYCs)	
	a) Bank Account Number & IFSC Code	
	b) AADHAR Number	
	c) Permanent Account Number (PAN)	

Undertaking

1) Certified that the particulars are true to the best of my knowledge.

Name:

- 2) I authorize EPFO to use my Aadhar for verification/authentication/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 PF Account.
 - (The transfer would be possible only if the identified KYC detail approved by previous employer has been verified by present employer using his Digital Signature Certificate)
- 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 member Mr. /Ms. /Mrs	_ .		
 (Post allotment of UAN) The UAN allotted for the member is			
Date:			
Sig	gnature of Employer with Seal of Establishment		