Composite Declaration Form -11

(To be retained by the Employer for future reference)

THE EMPLOYEES' PROVIDENT FUNDS SCHEME, 1952 (PARAGRAPH-34 & 57) &

THE 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 MR. MS. MRS. (Title) (Please Tick) FATHER'S NAME **HUSBAND'S NAME** (Please Tick whichever is applicable) For new members:- Sr. No. 1 to 5, please furnish your individual details; same as mentioned on your Aadhar Card. (for generation of 3) DATE OF BIRTH D M Μ Υ Υ Υ new UAN, your details; same as on Aadharare are mandatory) **TRANSGENDER** 4) GENDER (Please Tick) MALE **FEMALE** 5) Martial Status MARRIED **UN MARRIED** WIDOW / WIDOWER **DIVORCEE** (Please Tick) 6) a) EMAIL ID (IF ANY) b) Mobile Number D D M M Y Y Y 7) Present employment details Date of joining in the current establishment 8) # KYC Details: (Please enclose self attested copies of following KYC documents) *Mandatory I] BANK ACCOUNT DETAILS* a) YOUR NAME AS ON BANK A/C b) BANK ACCOUNT NO c) IFCS CODE OF BRANCH III DETAILS OF AADHAAR CARD* a) YOUR NAME AS ON AADHAR CARD b) NUMBER AS ON AADHAAR **III] DETAILS OF PAN CARD*** a) YOUR NAME AS ON PAN CARD b) NUMBER AS ON PAN CARD 9)* WHETHER EARLIER A MEMBER OF THE EMPLOYEE'S PROVIDENT FUND SCHEME, 1952? (Mandatory to tick Yes or No, as applicable) NO (Please Tick) YES (Any time during your service tenure if having PF membership please tick 'Yes') 10) *WHETHER EARLIER A MEMBER OF THE EMPLOYEE'S PENSION SCHEME, 1995? (Mandatory to tick Yes or No, as applicable) YES NO (Please Tick) (If your PF membership is prior to 01/09/2014, tick 'Yes' OR Confirm through your online PF passbook) 11) PREVIOUS EMPLOYMENT DETAILS: (MANDATORY IF YES TO 9 &/OR 10 ABOVE)- FOR UNEXEMPTED ESTABLISHMENT (Unexempted Establishment:- Establishments having PF registration with PF organisation) Establishment Name & Address PF Membership Date of exit Pension Scheme PPO (Pension Non Contributory Certificate No. Period (NCP) Days Date Payment Order) No. (DD/MM/YYYY) (DD/MM/YYYY) (if issued) (if issued) UNIVERSAL A/C NO: (UAN) PREVIOUS PF MEMBER ID OFFICE CODE ESTABLISHMENT ID EXTENSION ACCOUNT NUMBER REGION CODE OR PF A/C NUMBER

Note: For the completion of online KYC against your allotted UAN, your KYC documents (i.e Bank, PAN & Aadhar) given against Sr. No. 8 above, should have matching individual data (i.e. Your Name, DOB & Gender). In case of mismatching data on any of the document, KYC cannot be compleated, in that case, it is your sole responsibility to get necessaroy corrections done at the earliest and complete the online KYC; through member UAN portal: https://unifiedportal-mem.epfindia.gov.in

12)	PREVIOUS EMPLOYMEN (Exempted Trusts:- Establish		-			YES '	To 9 8	&/OI	R 10 A	BOVE)- FO	R Exemi	PTED	TRUS	TS			
	Name & Address of the Trust							PF Membership Date (DD/MM/YYYY)			Date of exit (DD/MM/YYYY)			Scheme Certificate No. (if issued)			Non Contributory Period (NCP) Days	
	UNIVERSAL A/C NO: (UAN) PREVIOUS PENSION A/ NUMBER	'C [REGIO	ON CODE	OFFI	CE C	ODE	ESTA	ABLISHN	MENT	T ID	EXTENS	SION	AC	COUNT N	UMBE	₹	
13)	INTERNATIONAL WOR	RKER:									•							
	a) INTERNATIONAL V	VORK	ER:	(Please	Tick)		YES	S			N	0						
	For the employees who will be appointed in India: Indian citizens as well as Nepalese or Bhutanese nationals, please tick against 'No'. Employee having passport issued by any other country, please tick against 'Yes' and furnish all the details at options: b, c & d mandatorily.																	
	⇒ For employees who w	ill be a	ppointed	abroad; on	deput	ation	ı:- Plea	se tic	k 'Yes' a	and fu	rnish a	all the det	tails a	t optic	ons: b, c &	d <u>mand</u>	atorily.	
	b) If YES COUNTRY OF ORIGIN : INDIA (Please Tick)					OT	OTHER THAN INDIA			IF YES, PLEASE M				MENTION NAME OF THE COUNTRY				
	c) PASSPORT NUMBER				(If applica			ıble: Please enclose			self attested photocop			py of yo	ur pass	sport.)		
	d) PASSPORT VALID FRO	OM:	D	D M	M	Υ	Υ	Υ	Т	О	D	D M	М	Υ	YY	Υ		
				<u>-: l</u>	JNDE	RTA	KING	By	Мемі	BER:	-							
2] 3] 4]	I certify that all the information given above is true to the best of my knowledge and belief. I authorised EPFO to use my Aadhar for verification/authentication/eKYC purpose for service delivery 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 * In case of change in above details, the same will be intimated to employer at the earliest I am aware that I can submit my nomination form through UAN based member portal.																	
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Pla	ce:													Sigi	NATURE (OF ME	MBEF	₹
				-:DECLA	ARATI	ON	BY P	RESE	NT EN	1PLO	YER	<u>:-</u>						
A.	The Member Mr./Ms./I	Mrs.												has	joined	on _	/	/
	and has been allotted	PF A	/c No :	PUPU	N/							and UA	N:					
В.	In case the person wa	as ear	lier not	a membe	er of I	EPF	Sche	eme,	1952	and	EPS	, 1995:						
	 Please tick the app The KYC details of the Have not been Have been upl Have been upl 	e abor uploa oaded oaded	ve mem ided I but not I and ap	approved	d ith DS	SC/e	-sign											
C.	In case the person wa				EPF	sch	neme,	195	2 and	EPS	, 195	55:						
 Please tick the appropriate option: The KYC details of the above member in the UAN database have been approved with E-sign/Digital Signature Certific 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. 											ure Ce	rtificat	e					
																		For
DA	TE:							-	SIGNAT	URE	Of E	MPLOYI	ER W	/ITH :	Autho SEAL OF			

*Auto transfer of previous PF account could be possible only in case of employees having thier UAN updated with KYC of verified Aadhar and the exit date updated by the previous employer. Other employees, for the transfer of thier previous PF account; please initiate online transfer request through their UAN login on member UAN portal: https://unifiedportal-

mem.epfindia.gov.in