

Composite Declaration Form -11

(To be retained by the employer 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)

1	N	_			T					
1	Name of the member	Г								
2	Father's Name Spouse's Name									
3	Date of Birth: (DD /	MM / YYYY)		***********					
4	Gender: (Male/Fema	le/Transgender)							
5	Marital Status: (Mar	ried/Unmarried/	/Widow/Wido							
6	(a) Email ID: (b) Mobile No.:									
7	Present employment Date of joining in the									
8	KYC Details: (attach self attested copies of following KYCs)					**				
	a) Bank Account No. : b) IFS Code of the branch:									
	c) AADHAR Num	ber								
	d) Permanent Acco		, , , , , , , , , , , , , , , , , , , ,							
9	Whether earlier a member of Employees' Provident Fund Scheme, 1952					Yes / No				
10	Whether earlier a me						Yes / No			
	Previous employme				-					
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		
	Previous employment details: [if Yes to 9 AND/OR 10 above] — For Exempted Trusts									
12	Name & Address of the Trust		UAN	Member EPS A/c Number	Date of joining (DD/MM/ YYYY)	Date of exit (DD/MM/ YYYY)	Scheme Certificate No. (if issued	Non Contributory Period (NCP) Days		
13	a) International Worker:					Yes / No				
	b) If yes, state country of origin (India/Name of other country) c) Passport No.									
		port [(DD/MM/	YYYY) to (D	D/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 P	RESENT EMPLOYER					
A.	The me	mber Mr/Ms/Mrs		has joined on	and has been				
	allotted	PF No	an	d UAN					
B.	In case the person was earlier not a member of EPF Scheme, 1952 and EPS, 1995:								
	. 1	Please Tick the Approp	oriate Option:						
			the above member in the UA	NI database					
	. 🗆	Have not been uploa		N database					
		Have been uploaded							
			and approved with DSC/e-sig	n.					
C.	In case t	he person was earlier a	member of EPF Scheme, 1952	2 and EPS, 1995:					
	•	Please Tick the Appro							
			f the above member in the fer request has been generated		ved with E-sign/Digital Signature				
		The previous Account	nt of the member is not Aadha	r verified and hence physical tran	sfer form shall be initiated.				
	Date			Sic	mature 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.