



Thank you for completing your onboarding forms for Pfizer.

Kindly **PRINT, SIGN** and **SUBMIT** following Forms as soon as possible.

1. Forms to be filled

- Form 11: New Form No.11- Declaration Form
- Nomination Form: Provident_ Fund Nomination Form
- Form F-Gratuity Nomination Form (Not applicable if intern)

2. General Instruction

- 1) All instructions on the forms to be read carefully before filling up the forms.
- 2) Use Black or Blue Ink Only for filling up the form.
- 3) Forms to be filled in legible handwriting (BLOCK LETTERS)
- 4) Colleagues must sign wherever required & Standard signature to be followed through out the forms.
- 5) Address for communication: Please mention the correct address for communication including PIN CODE & State.
- 6) Dates should be written in the following format - DD/MMM/YYYY, i.e., 12/January/1984
- 7) Date of Marriage must be mentioned correctly.
- 8) Details pertaining to Parents/Spouse/Children to be filled correctly. Colleagues must mention correct Date of Birth & Age of their dependents.
- 9) Signature of member denotes your signature.
- 10) Signature of witness – can be any friend, family member, colleague.
- 11) Employee ID = Can be blank

3. Form 11 Full Filled sample

New Form No.11- Declaration Form



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 end /of EPS1995 is applicable)

1	Name of the member	As on PAN card	
2	Father's Name <input type="checkbox"/> Spouse's Name <input type="checkbox"/> Select one (Please Tick Whichever Is Applicable)	Father's name in case of male colleagues and Spouse name in case of married female colleagues	
3	Date of Birth (DD/MM/YYYY)		As on PAN card
4	Gender: (male / Female /Transgender)	Required	
5	Marital Status (married /Unmarried /widow/divorce)	Required	
6	(a)Email ID:	Required	
	(b)Mobile No:	Required	
7*	Whether earlier a member of Employees 'provident Fund Scheme 1952 <input type="checkbox"/> Yes <input type="checkbox"/> No		
8*	Whether earlier a member of Employees 'Pension Scheme ,1995 <input type="checkbox"/> Yes <input type="checkbox"/> No		
If response to any or both of (7) & (8) above is yes. MANDATORY FILL UP THE (COLUMN 9)			
9	a) Universal Account Number(UAN)	If Yes for 7*, please provide the UAN number	
	b) Previous PF a/c No <input type="checkbox"/> EST.CODE <input type="checkbox"/> EXTN <input type="checkbox"/> PF NO.	If Yes for 7, please provide as per the previous Employer	
	c) Date of exit from previous employment (DD/MM/YYYY)	If Yes for 7*, please provide the correct date	
	d) Scheme Certificate No (if Issued)	Please provide if issued	
	e) Pension Payment Order (PPO)No (if Issued)	Please provide if issued	
10	a) International Worker: <input type="checkbox"/> Yes <input type="checkbox"/> No		
	b) If Yes , State Country Of Origin (India /Name of Other Country)	Please provide if Yes for 10 a)	
	c) Passport No	Please provide if Yes for 10 a)	
	d) Validity Of Passport (DD/MM/YYYY) to(DD/MM/YYYY)	Please provide if Yes for 10 a)	
KYC Details: (attach Self attested copies of following KYCs) **			
11	a) Bank Account No .& IFS code	Required	
	b) AADHAR Number (12 Digit)	Required	
	c) Permanent Account Number (PAN),If available	Required	

UNDERTAKING

- Certified that the Particulars are true to the best of my Knowledge
- I authorize EPFO to use my Aadhar for verification / e KYC purpose for service delivery
- Kindly transfer the funds and service details, if applicable if applicable, from the previous PF account as declared above to the present P.F Account(The Transfer Would be possible only if the identified KYC details approved by previous employer has been verified by present employer
- In case of changes In above details the same Will be intimate to employer at the earliest

Date: Required

Wet Signature Required

Place: Required

Signature of Member

DECLARATION BY PRESENT EMPLOYER

- The member Mr./Ms./Mrshas joined onand has been allotted PF Number
- In case person was earlier not a member of EPF Scheme ,1952 and EPS,1995
 - (Post allotment of UAN) The UAN Allotted for the member is.....
 - 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 and approved with DSC
- In case the person was earlier a member of EPF Scheme ,1952 and EPS, 1995:
 - The above PF account number /UAN of the member as mentioned in (a) above has been tagged with his /her UAN/previous member ID as declared by member
 - Please Tick the Appropriate Option
 - The KYC details of the above member in the UAN database have been approved with digital signature Certificate and transfer request has been generated on portal.
 - As the DSC of establishment are not registered With EPFO the member has been informed to file physical claim (Form13) for transfer of funds from his previous establishment.

Date

Signature of Employer With seal of Establishment

4. Nomination Form Full Filled sample

Reminder: Name/Address/Date of birth/Relationship and amount or proportions will be shared should be correctly specified.



NOMINATION FORM

All the fields are compulsory

Under Rule 19 of the Rules & Regulations of

PFIZER LIMITED EMPLOYEES' PROVIDENT FUND

1. Name	Surname	
(In block Letters)		
2. Sex		
3. Religion		
4. Date of birth: Day	Month	Year
5. Father's Name		
6. Marital Status	(Whether unmarried, married, widow or widower)	
7. Husband's Name		
8. Permanent Address:		
Village	Thane	Taluka / Sub-Divn.
Post Office	District	State

I hereby nominate the person(s) mentioned below to receive the amount standing to my credit in the Fund, 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 shall be paid / distributed to / among the said person (s) in the manner shown below against their names. This nomination cancels and supersedes any other nomination I may have made in the past in this or in any other Provident Fund Scheme:

Name and address of the nominee (s)	Nominee's relationship with the member	Date Of Birth Nominee (s)	In case of a minor nominee(s) name(s) and address of the person to whom payment is to be made on his / her behalf	Amount or share of accumulations in the Fund to be paid to each nominee
				Amount or proportion to be shared to each nominee sum total should be 100%

Witness:

1. Witness 1
2. Witness 2

Wet Signature required

Signature of Member _____
 Name _____ Required
 (In block letters)
 Date: _____ Required
 Emp. Id.: _____ Provide if applicable

5. Form F Full Filled sample (Page 1&2)

FORM 'F'
 [See sub-rule (1) of Rule 6]
NOMINATION

The Trustees

Required

(Name of the Entity)
 Mumbai

1. Ms./Mrs./Miss

Required

(Name in Full)

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) nominated is/are member(s) of my family with meaning of clause (h) of section 2 of the Payment of Gratuity Act, 1972/ Rules of Pfizer Limited Officers' Gratuity Fund.
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.
5. I have excluded my husband from my family by a notice dated theto the Controlling authority in terms of the proviso to clause (h) of section 2 of the said Act.
6. Nomination made herein invalidates my previous nomination.

Nominee(s)

Name in full with full address of nominee(s) (1)	Relationship with the employee (2)	Age of (3)	Proportion by which the gratuity will be Shared (4)
1.			
2.	Nominee(s) information are required		Amount or proportion to be shared to each nominee sum total should be 100%
3.			
4.			

STATEMENT

All the fields are compulsory

1. Name of the employee in full:	[REDACTED]
2. Sex:	[REDACTED]
3. Religion:	[REDACTED]
4. Whether unmarried/married/widow/widower:	[REDACTED]
5. Department:	[REDACTED]
6. Employee Id:	[REDACTED]
7. Date of Appointment:	[REDACTED]
8. Permanent Address:	[REDACTED] [REDACTED]
Place:	[REDACTED]
Date:	[REDACTED]

Signature/Thumb, impression
of the Employee**Declaration by Witnesses**

Nomination signed/thumb-impressed before me.
Name in full and full addresses of the witnesses

1. [REDACTED] Witness 1
2. [REDACTED] Witness 2

- Signature of witnesses.
1. [REDACTED] Signature of Witness 1
2. [REDACTED] Signature of Witness 2

Place: [REDACTED]
Date: [REDACTED]

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

Date: [REDACTED] Signature of the employer/officer authorised
Designation

Acknowledgement by the employee

Received the duplicate copy of nomination in Form 'F' filed by me and duly certified by the employer.

Wet signature required

Date: [REDACTED] Required Signature of the Employee