Declaration Form





Employees' Provident Fund Organization

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

THE EMPLOYEES' PENSION SCHEME, 1995 (PARAGRAPH-24)

DECLARATION BY A PERSON TAKING UP EMPLOYMENT IN AN ESTABLISHMENT ON V	WHICH EMPLOYEES' PROVIDENT FUND SCHEME,
1952 AND/OR EMPLOYEES' PENSION SCHEME, 199	95 IS APPLICABLE.
(PLEASE GO THROUGH THE INSTRUC	CTIONS)

	(FLLASE C	io mkoodii me marko	CIIONS)	
NAME (TITLE)				
Mr. Ms.	MRS.			
(PLEASE TIC	CK)			
DATE OF BIRTH	D D	M M Y Y Y Y		
Father's/ Husband's Name	MR.			
RELATIONSHIP IN RES	SPECT OF (3) ABOVE F	ATHER HUSBAND		
(PLEASE TICK)			1	
GENDER (PLEASE TICK)	MALE	FEMALE TRANSGENDI	ER	
MOBILE NUMBER (IF ANY)				
EMAIL ID (IF ANY)				
WHETHER EARLIER	A MEMBER OF THE EMPLOYEES	S' PROVIDENT FUND SCHEME, 19	52?	
	(PLEASE TICK)	YES	NO	
WHETHER EARLIER	A MEMBER OF THE EMPLOYEES	S' PENSION SCHEME, 1995?		
	(PLEASE TICK)	YES	NO]
	MR. MS. (PLEASE TICK) DATE OF BIRTH FATHER'S/ HUSBAND'S NAME RELATIONSHIP IN RES (PLEASE TICK) GENDER (PLEASE TICK) MOBILE NUMBER (IF ANY) EMAIL ID (IF ANY) WHETHER EARLIER	NAME (TITLE) MR. MS. MRS. (PLEASE TICK) DATE OF BIRTH D D FATHER'S/ HUSBAND'S NAME MR. MR. MR. HUSBAND'S NAME MR. MR. MR. MR. HUSBAND'S NAME MR. MR. MR. MR. MR. HUSBAND'S NAME MR. MALE (PLEASE TICK) MALE WHETHER EARLIER A MEMBER OF THE EMPLOYEES (PLEASE TICK) WHETHER EARLIER A MEMBER OF THE EMPLOYEES (PLEASE TICK)	MR. MS. MRS. (PLEASE TICK) DATE OF BIRTH D D M M Y Y Y Y FATHER'S/ HUSBAND'S NAME MR. RELATIONSHIP IN RESPECT OF (3) ABOVE FATHER HUSBAND FATHER HUSBAND FATHER HUSBAND FATHER HUSBAND FATHER HUSBAND FATHER HUSBAND (PLEASE TICK) MOBILE NUMBER (IF ANY) EMAIL ID (IF ANY) WHETHER EARLIER A MEMBER OF THE EMPLOYEES' PROVIDENT FUND SCHEME, 19: (PLEASE TICK) WHETHER EARLIER A MEMBER OF THE EMPLOYEES' PENSION SCHEME, 1995?	MR. MS. MRS. (PLEASE TICK) DATE OF BIRTH D D M M Y Y Y Y FATHER'S/ HUSBAND'S NAME RELATIONSHIP IN RESPECT OF (3) ABOVE FATHER HUSBAND FATHER HUSBAND GENDER (PLEASE TICK) MOBILE NUMBER (IF ANY) EMAIL ID (IF ANY) WHETHER EARLIER A MEMBER OF THE EMPLOYEES' PROVIDENT FUND SCHEME, 1952? (PLEASE TICK) WHETHER EARLIER A MEMBER OF THE EMPLOYEES' PENSION SCHEME, 1995?

If response to any or both of (8) & (9) above is yes, then <u>mandatorily</u> fill up the previous employment details at (10,11&12):

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	OR													
	_	s PF Meme	BER ID		REGION (CODE	OFFICE	CODE	ESTAI	BLISHN	лент ID	EXTENSION	ACCOUNT NU	JMBER
													l	
11)	DATE OF E	EXIT FOR PREVIOUS) D	M	I M	Y	′	Υ	Υ	Y		
	MEMBER ID (DD/MM/YYYY)													
12)	(A) TE So	CHEME CERT	IFICATE IS	SLIFD	FOR PREVI	OUS EM	IPI OYMEN	T THEN	J SCHEN	ME CER	RTIFICATE	NI IMBER .		
,	(B) IF PE	ENSION PAYM	IENT ORDE	R (PF	O) ISSUE	FOR P	REVIOUS	EMPLOY	MENT,	THEN	PPO NUM	BER:		
В.	OTHER D	ETAILS												
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13)	(PLEASE T	IONAL WOR	KEK	-	ı	ES			INO	_				
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	IF THE F	REPLY TO (L3) ABOV	E IS	YES, THEN	ENTE	R THE DE	TAILS 1	IN 1 3(A), 1	3(B) & :	L3(c):		
	13(a) C	OUNTRY OF	ORIGIN (P											
India			OTHER THAN INDIA (IF YES, PLEASE MENTION NAME OF THE COUNTRY)											
				N	1ENTION NA	AME OF	THE COU	NTRY)		1				
	13(B) P	ASSPORT NU	MBER											
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	13(c) P	ASSPORT VAL	ID FROM		Ь	D	ММ	T 1/						
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14	QUALIFICA	ATION			D	D	M M	Y	Y	Y	Y	Post Graduat	E DOCTOR	TECHN PROFES
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14	QUALIFICA	ATION			D Non-	D	M M	Y	Y	Y	Y		E DOCTOR	
	QUALIFICA (PLEASE T	ATION TICK)	ILLITE	RATE	D Non-Matri	D D	M M MATRIC	Y SE SECO	Y	, G	Y	GRADUAT	E DOCTOR	
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	QUALIFICA (PLEASE T	ATION TICK) STATUS	ILLITE	RATE	D Non-Matri	D D	M M MATRIC	Y SE SECO	Y	, G	Y	GRADUAT	E DOCTOR	
	QUALIFICA (PLEASE T	ATION TICK) STATUS	ILLITE	RATE	D Non-Matri	D D	M M MATRIC	Y SE SECO	Y	, G	Y	GRADUAT	E DOCTOR	
15	QUALIFICA (PLEASE T	ATION ICK) STATUS TICK)	ILLITE	RATE	D Non-Matri	D D	M M MATRIC	Y SE SECO	Y	Y G	PRADUATE	GRADUAT	E DOCTOR	
15	QUALIFICA (PLEASE T S) MARITAL S (PLEASE T	ATION ICK) STATUS TICK) ABLED	ILLITER	RATE	D Non-MATRIC	D D	M M MATRIC	Y SE SECO	Y NIOR DNDARY WIDON	Y G	PRADUATE	GRADUAT CEE CEE	E DOCTOR	

1	.7) KYC	DETAILS

DATE:

KYC DOCUMENT TYPE	Name as on KYC Document	Number	REMARKS, IF ANY
BANK ACCOUNT-1*			IFSC CODE*
NPR/AADHAAR			
PERMANENT ACCOUNT NUMBER (PAN)			
PASSPORT			EXPIRY DATE
DRIVING LICENCE			EXPIRY DATE
ELECTION CARD			
RATION CARD			
ESIC CARD			

^{*} Mandatory Field (<u>Note</u>: Bank Account NUMBER (along with IFSC code) is mandatory. You are however advised to provide all KYC documents available with you in addition to mandatory KYCs to avail better services. **Self-Attested Photocopies of the documents** must be attached with this form.

C. UNDERTAKING:

- A. I CERTIFY THAT ALL THE INFORMATION GIVEN ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.
- B. IN CASE, EARLIER A MEMBER OF EPF SCHEME, 1952 AND/OR EPS, 1995,
 - (I) I HAVE ENSURED THE CORRECTNESS OF MY UAN/ PREVIOUS PF MEMBER ID.
 - (II) THIS MAY ALSO BE TREATED AS MY REQUEST FOR TRANSFER OF FUNDS AND SERVICE DETAILS IF APPLICABLE FROM THE PREVIOUS 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 USING HIS DIGITAL SIGNATURE CERTIFICATE).
 - (III) I AM AWARE THAT I CAN SUBMIT MY NOMINATION FORM THROUGH UAN BASED MEMBER PORTAL.

DATE: PLACE:	SIGNATURE OF MEMBER
	DECLARATION BY PRESENT EMPLOYER
A.	THE MEMBER Mr./Ms./Mrs HAS JOINED ON AND HAS BEEN ALLOTTED PF MEMBER ID
B.	IN CASE THE 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
C.	IN CASE THE PERSON WAS EARLIER A MEMBER OF EPF SCHEME, 1952 AND EPS, 1995:
	• THE ABOVE MEMBER ID 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 (FORM-13) FOR TRANSFER OF FUNDS FROM HIS PREVIOUS ESTABLISHMENT.

SIGNATURE OF EMPLOYER WITH SEAL OF ESTABLISHMENT