FORM 2 (Revised)

NOMINATION AND DECLARATION FORM FOR UNEXEMPTED/ EXEMPTED ESTABLISHMENTS

Declaration and Nomination Form under the Employees' Provident Funds and Employees' Pension Scheme

(Paragraphs 33 & 61 (1) of the Employees Provident Fund Scheme, 1952 and Paragraph 18 of the Employees' Pension scheme, 1995)

1. Name (in Block letters) : **SUDHARSAN ANNAMALAI**

2. Father's/Husband's Name : **ANNAMALAI**

3. Date of Birth : **17/06/1995**

4. Sex : **MALE**

5. Marital Status : **MARRIED**

6. Account No. : **10091 3405221**

7. Address : Permanent : **Naravindhampatti (vill) Natham post Tirupathur (Taluk) vellore. Pin: 635654**   Temporary : **Naravindhampatti (vill) Natham (post) Tirupathur (Taluk) vellore, pin: 635654**

8. Date Of Joining : **08/04/2024** EPF :DD/MM/YYYY   EPS :DD/MM/YYYY
   April 08th 2024

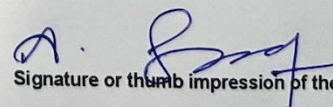### PART – A (EPF)

I hereby nominate the person(s) /cancel the nomination made by me previously and nominate the person(s) mentioned below to receive the amount standing to my credit in the Employees' Provident Fund in the event of my death :

Name of nominee/ nominees	Address	Nominee's relation-ship with the member	Date of Birth	Total amount of share of Accumulations in Provi-dent Fund to be paid to each nominee	If the nominee is a minor, name & relationship & address of the guardian who may receive the amount during the minority of nominee
1	2	3	4	5	6
Vijishree Rajendran.	Kondappa garden kogilu main road. Yelahanka. Bangalore.	Spouse.	July 11th 1996	100.	

1 * Certified that I have no family as defined in para 2(g) of the Employees' Provident Fund Scheme, 1952 and should I acquire a Family hereafter, the above nomination should be deemed as cancelled.

2 * Certified that my father/mother is/are dependent upon me.

Signature or thumb impression of the subscriber

Form -2

Part B (EPS) (Para 18)

I hereby furnish below particulars of the members of my family who would be eligible to receive widow/children pension in the event of my death.

S.No.	Name of the family member	Address	Date of Birth	Relationship with the member
1	2	3	4	5
1	Vijishree Rajendran.	kondappa Garden. kogilu main road. Yelahanka. Pin:560064. Bangalore.	July 11th 1996	SPOUSE
2				
3				
4				
5				

** Certified that I have no family, as defined in para 2(vii) of Employees' Pension Scheme, 1995 and should I acquire a family hereafter I shall furnish particulars thereon in the above form.

I hereby nominate the following person for receiving the monthly widow pension (admissible under para 16 2(a)(i) and (ii) in the event of my death without leaving any eligible family member for receiving Pension.

Name and Address of the Nominee	Date of Birth	Relationship with the member
1	2	3
1. Vijishree Rajendran.	July 11th 1996.	SPOUSE
2.		
3.		
4.		

Date : April 08th 2024.

Place : sholinganullur

Signature or thumb impression of the subscriber

**Strike out whichever is not applicable.

CERTIFICATE BY EMPLOYER

Certified that the above declaration and nomination has been signed/thumb impressed before me by Shri/Smt./Kum._____

_____ employed in my establishment after he/she has read the entries/entries have been read over to him/her

by me and got confirmed by him/her.

Place: _____

Signature of the employer or Authorized Officers of the Establishment.

Dated: _____

Name & Address of the Factory/ Establishment or Rubber Stamp Thereon

Form -2

EMPLOYEES' PROVIDENT FUND ORGANISATION

Employees' Provident Fund Scheme, 1952 (Paragraph 34 & 57) and
Employees' Pension Scheme, 1995 (Paragraph 24)
(Declaration by a person taking up Employment in any Establishment on which EPF Scheme, 1952 and for EPS, 1995 is applicable)

1.	Name of Member (Aadhar Name)	SUDHARSAN ANNAMALAI
2.	Father's Name ☑ Spouse's Name ☐ (Please tick whichever applicable)	ANNAMALAI.
3.	Date of Birth (dd/mm/yyyy)	17/06/1995
4.	Gender (Male / Female / Transgender)	Male.
5.	Marital Status ? (Single/Married/Widow/Widower/Divorcee)	Married.
6.	(a) eMail ID	sudharshangcp@gmail.com.
	(b) Mobile No (Aadhar Registered)	7904383847.
7.	Whether earlier member of the Employee's Provident Fund Scheme, 1952 ?	✓ Yes / No ☐
8.	Whether earlier member of the Employee's Pension Scheme, 1995 ?	✓ Yes / No ☐
9.	Previous Employment details ? (If Yes, 7 & 8 details above) a) Universal Account Number (UAN)	100913405221
	b) Previous PF Account Number	BGTBNU002685800002377E1
	c) Date of Exit from previous Employment ? (dd/mm/yyyy)	05/04/2024.
	d) Scheme Certificate No (If issued)	—
	e) Pension Payment Order (PPO) (If issued)	—
10.	a) International Worker	☐ Yes / No ✓
	b) If Yes, state country of origin (name of other country)	
	c) Passport No.	
	d) Validity of passport (dd/mm/yyyy) to (dd/mm/yyyy)	
11.	KYC Details : (attach self attested copies of following KYCs)	*Must Enclose Scan copy for the following documents*
	a) Bank Account No. & IFS Code	100045300412, IFSC : INB0000860
	b) AADHAR Number	622361577659.
	c) Permanent Account Number (PAN), If available	EFPPS4309J.

12.	First EPF Member Enrolled Date	First Employment EPF Wages	Are you EPF Member before 01/09/2014	If Yes, EPF Amount Withdrawn?	If Yes, EPS (Pension) Amount Withdrawn?	After Sep 2014 earned EPS (Pension) Amount Withdrawn before Join current Employer?
			✓ Yes / No	Yes / No ✓	Yes / No ✓	Yes / No ✓

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 / eKYC purpose for service delivery
3) Kindly transfer the fund 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 details approved by previous employer has been verified by present employer using his Digital Signature
4) In case of changes in above details, the same will be intimated to employer at the earliest.

Date : Sholinganallur. 08th April 2024.

Place : Sholinganallur.

Signature of Member

DECLARATION BY PRESENT EMPLOYER

A. The member Mr./Ms./Mrs. .... Has joined on .... and has been allotted PF Number ....

B. In case the person was earlier not a member of EPF Scheme, 1952 and EPS, 1995: ((Post allotment of UAN) The UAN allotted or the member is)

Please Tick the Appropriate Option :   The KYC details of the above member in the JAN 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 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.

Date :

Signature of Employer with Seal of Establishment