Declaration Form

(To be retained by the Employer for future reference)

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 WHICH EMPLOYEES' PROVIDENT FUND SCHEME, 1952 AND/OR EMPLOYEES' PENSION SCHEME, 1995 IS APPLICABLE.

(PLEASE GO THROUGH THE INSTRUCTIONS)

1) NAME (TITLE)

MR.	MS.	MRS.

(PLEASE TICK)

2) DATE OF BIRTH

D	D	M	M	Y	Y	Y	Y

3) FATHER'S/ HUSBAND'S NAME — MR.

4) RELATIONSHIP IN RESPECT OF (3) ABOVE

(PLEASE TICK)

FATHER	HUSBAND

5) GENDER

(PLEASE TICK)

MALE	FEMALE	TRANSGENDER

6) MOBILE NUMBER (IF ANY)

7) EMAIL ID (IF ANY)

8) WHETHER EARLIER A MEMBER OF THE EMPLOYEES' PROVIDENT FUND SCHEME, 1952?

(PLEASE TICK)

YES	NO

9) WHETHER EARLIER A MEMBER OF THE EMPLOYEES' PENSION SCHEME, 1995?

(PLEASE TICK)

YES	NO

IF RESPONSE TO ANY OR BOTH OF (8) & (9) ABOVE IS YES, THEN MANDATORILY FILL UP THE PREVIOUS EMPLOYMENT DETAILS AT (10,11&12):

A. Previous Employment Details

10) The details of the Universal Account Number (UAN) or previous PF member ID:

UAN

OR

Previous PF Member ID

Region Code	Office Code	Establishment ID	Extension	Account Number

11) Date of Exit for previous Member ID (DD/MM/YYYY)

D	D	M	M	Y	Y	Y	Y

12) (A) If scheme certificate issued for previous employment, then scheme certificate number:_____
(B) If pension payment order (PPO) issued for previous employment, then PPO number:_____

B. Other Details

13) International Worker (Please Tick)

Yes	No

If the reply to (13) above is yes, then enter the details in 13(a), 13(b) & 13(c):

13(a) Country of origin (Please Tick)

India	Other than India (If yes, please mention name of the country)

13(b) Passport number _____

13(c) Passport valid from

D	D	M	M	Y	Y	Y	Y

To

D	D	M	M	Y	Y	Y	Y

14) Educational Qualification (Please tick)

Illiterate	Non-Matric	Matric	Senior Secondary	Graduate	Post Graduate	Doctor	Technical/ Professional

15) Marital Status (Please Tick)

Married	Unmarried	Widow/ Widower	Divorcee

16) Specially abled (Please Tick)

Yes	No

If Yes, Tick the Category		
Locomotive	Visual	Hearing

EPIO

17) KYC Details

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** (**Note**: **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.

Date: **Signature of Employer with Seal of Establishment**