



## Employees' Provident Fund Organization

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

(PLEASE GO THROUGH THE INSTRUCTIONS)

- 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

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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

## 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

### Instructions for filling up Declaration Form

- a. Form to be filled in the language of the form.
- b. Each box, wherever provided, should contain only one character (alphabet /number /punctuation sign) leaving a blank box after each word.
- c. The item-wise instructions to fill up the form are as follow:
  1. Please tick the Title (Mr/Ms/Mrs) and write full name in the form in Item No 1. It is reiterated that each box should contain only one character leaving a blank box after each word. It may please be noted that the Title (Mr/Ms/Mrs) **should not** be entered again in the boxes provided to write full name.
  2. Please provide Date of Birth in the form (DD/MM/YYYY) in Item No 2.
  3. Please provide Father's / Husband's Name in full in the form in Item No 3. It may please be noted that the Title (Mr/Sh.) **should not** be entered again in the boxes provided to write full name.
  4. Please tick the relevant box in item no 4 based on Item no 3. Tell the relationship i.e. Father or Husband.
  5. Please Tick the relevant Box in Item No 5.
  6. Please provide your mobile number on which formal communication can be established and necessary information can be provided through S.M.S to the **member** in Item No 6.
  7. Please provide e-mail id on which formal communication can be established and necessary information can be provided through e-mails to the **member** in Item No 7.
  8. Please tick 'YES' if you have previous membership of the Employees' Provident Fund Scheme, 1952 otherwise 'NO' in Item No 8, which is a mandatory field.
  9. Please tick 'YES' if you have previous membership of the Employees' Pension Scheme, 1995 otherwise 'NO' in Item No 9, which is a mandatory field.

*If you have ticked 'YES' in any or both of (8) & (9) above, please follow points 10, 11, & 12 to fill up the previous employment details at Item Numbers 10, 11 & 12, otherwise follow 13 onwards. This is very important and should be entered with utmost care as a number of services including tagging of various member IDs with UAN and its portability are dependent on these details.*
  10. Please fill Universal Account Number (UAN) Or Previous employment P.F. member ID in Item No (10).
    - UAN is 12 digit number which has been allotted by EPFO and provided to the EPF member through employer. To check whether you have been allotted UAN against

your PF member ID, please go to the UAN Member e-sewa on EPFO website [www.epfindia.gov.in](http://www.epfindia.gov.in) and click on **Know your UAN status**.

- Previous employment P.F. member ID is to be furnished in the boxes as:

REGION CODE	OFFICE CODE	ESTABLISHMENT ID	EXTENSION	ACCOUNT NUMBER
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For instance, the number MH/BAN/12345/123 has to entered as:

MH	BAN	12345	000	123
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and the number MH/BAN/12345/A/123 has to entered as:

MH	BAN	12345	00A	123
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11. Please fill Date of Exit (i.e. Date on which member has ceased to work in the previous establishment) for the previous employment in Item No. 11.
  12. Please provide the details of Scheme Certificate in Item No. 12 (A) and Pension Payment Order in Item No. 12 (B), if the same have been issued to the member for the previous membership.
  13. Please tick the relevant box in Item No. 13. If you are international worker then fill the boxes 13(A), 13(B) & 13(C) i.e. please provide country of origin in 13(A), Passport Number in 13(B) and validity period of Passport in 13(C).
  14. Please tick the relevant Box for educational qualification in Item No. 14.
  15. Please provide marital Status by ticking the relevant Box in Item No. 15.
  16. Please tick the relevant box for handicap status in Item No. 16. If response to this item is YES, please tick the relevant category in the adjacent box.
  17. Please provide 'Know Your Customer (KYC)' details of all the available documents mentioned in this column as far as possible. Bank account Number with I.F.S.C. code is mandatory. Fill the name as on KYC with KYC Number and also the remarks in Item No 17. Remarks column is to fill up the relevant details i.e. I.F.S.C. code in case of Bank account Number, 'Valid up to' date in case of Passport, date of expiry in case of driving license.  
**It is very important to note that KYC details are required to provide better services to the members and hence details of maximum number of documents should be provided in the Item No. 17.**
- d. Please put your signature in the space provided with date and place. Please submit the filled up form to the present employer.
  - e. The present employer is required to take necessary action as explained in detail on EPFO website under **UAN services** and fill up the necessary details with his signature, designation and seal in the space provided.