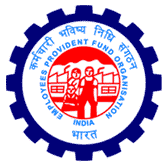
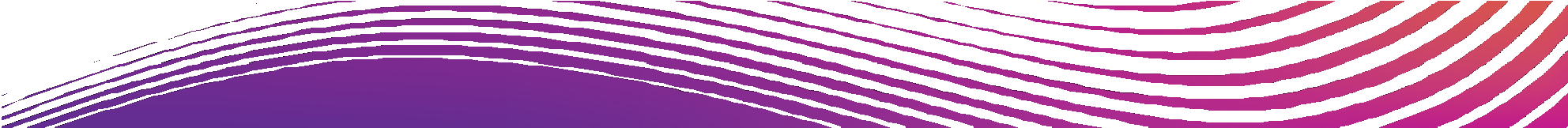
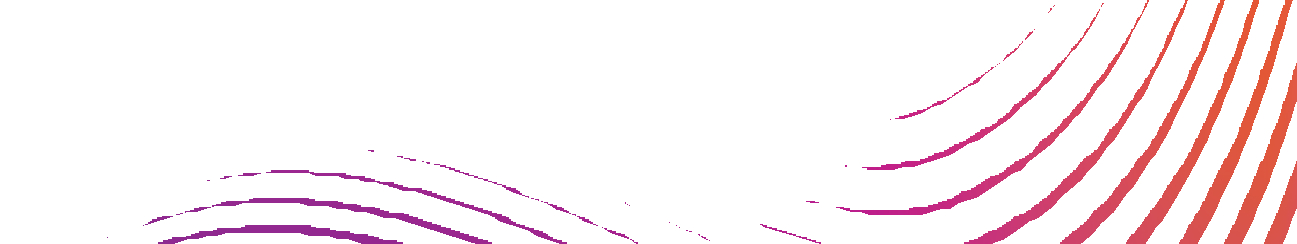
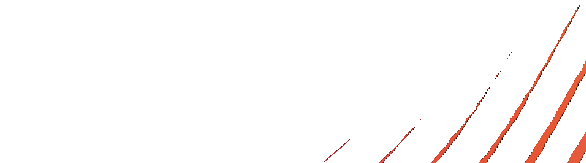
# Declaration Form



(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)

* Corporate Policy 02-015 "Anti-Corruption And Anti-Bribery Practices” 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: .............................................................................................................................................................................................

2) Date of Birth : .........................................................................................................................................................................

1. Father's/

Husband's Name : .......................................................................................................................................................................

1. Relationship in

Respect of (3) Above : Father Husband

5) Gender :

Male

Female

Transgender

6) Mobile Number : .......................................................................................................................................................................

7) Email ID (If any) : .......................................................................................................................................................................

* 1. Whether earlier a member of the EMPLOYEES' PROVIDENT FUND SCHEME, 1952 ? YES NO
  2. Whether earlier a member of THE EMPLOYEES' PENSION SCHEME, 1995? 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

* 1. 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) : ..............................................................................................

12)

1. If Scheme Certiﬁcate issued for previous Employment, then Scheme Certiﬁcate Number:

.....................................................................................................................................................................................................................................

1. If Pension Payment Order (PPO) issued for previous Employment, then PPO Number:

...................................................................................................................................................................................................................................

B. Other Details

* + 1. International Worker 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 .............................................. To: (dd/mm/yy) ....................................................

* + 1. Educational Qualiﬁcation

Illiterate Non-Matric Matric

Senior Secondary

Graduate Post

Graduate

* + 1. Marital Status

Doctor

Married Divorcee

Technical

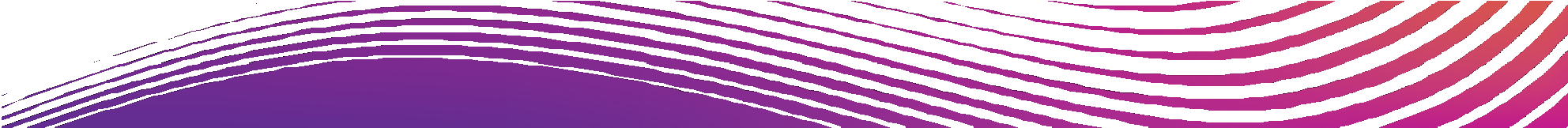
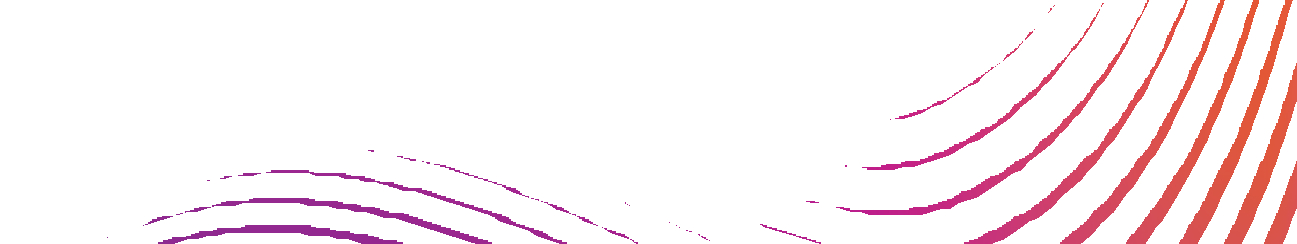
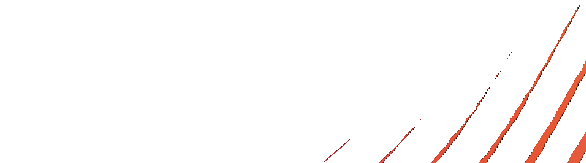
/ Professional

Unmarried Widow/

Widower

* + 1. SPECIALLY ABLED Yes No

If Yes, Tick the Category

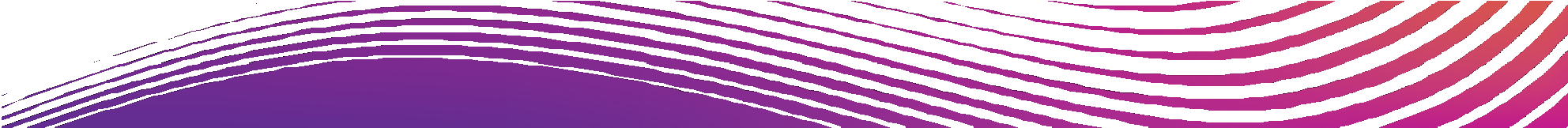
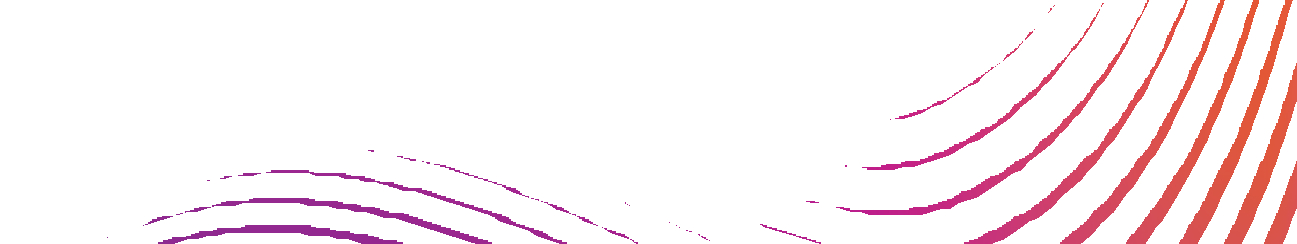
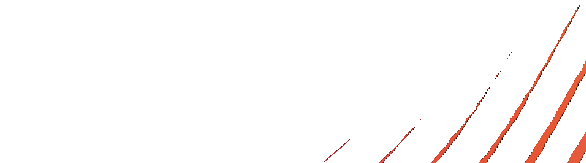


Locomotive

Visual

Hearing

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 17) KYC Details | KYC Documrnt Type | Name as on KYC Document | Number | Remarks, If any |
| Bank account-1\* |  |  |  | IFSC Code\* |
| NPR/Aadhaar |  |  |  |  |
| Permanent Account Number (PAN) |  |  |  |  |
| Passport |  |  |  |  |
| Driving Licence |  |  |  | Expiry Date |
| Election Card |  |  |  |  |
| Ration Card |  |  |  | Expiry Date |
| 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*

C. undertaking:

1. i certify that all the information given above is true to the best of my knowledge and belief.
2. in case, earlier a member of epf scheme, 1952 and/or eps, 1995,
3. i have ensured the correctness of my uan/ previous pf member id.
4. 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

DATE:

PLACE: SIGNATURE OF MEMBER

Declaration by present employer

1. the member mr./ms./mrs. ………………………….. has joined on and has

been allotted pf member id …………………………………………...

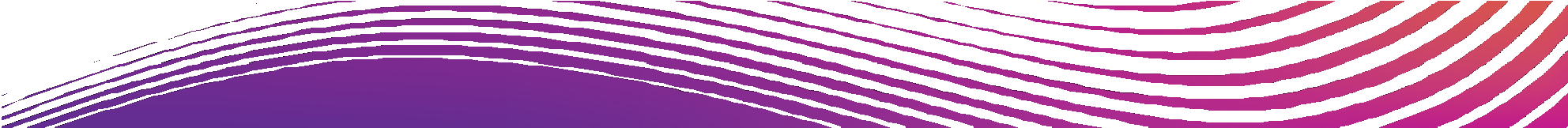
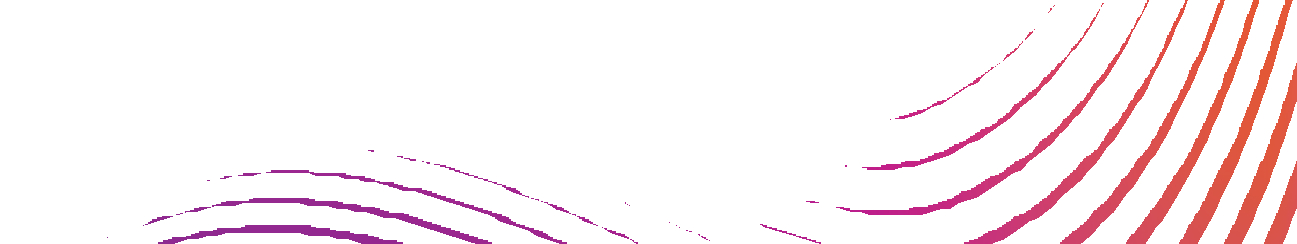
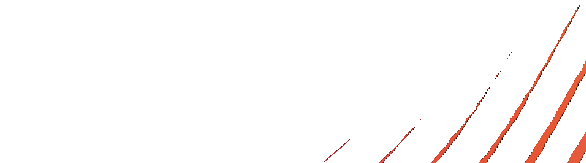
1. in case the person was earlier not a member of epf scheme, 1952 and eps, 1995: (post allotment of uan) the uan allotted for the member is …………………………

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

1. in case the person was earlier a member of epf scheme, 1952 and eps, 1995:



1. 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.
2. 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**