

**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)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | A | R | Y | A | N |  | S | H | A | R | M | A |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  |
| --- | --- | --- |
| MR.  ● | MS. | MRS. |

(PLEASE TICK)

1. DATE OFBIRTH

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| D | D | M | M | Y | Y | Y | Y |
| 2 | 3 | 1 | 1 | 1 | 9 | 9 | 9 |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

1. FATHER’S/ HUSBAND’S NAME

MR.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| A | R | U | N |  | K | U | M | A | R |  | S | H | A | R | M | A |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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1. RELATIONSHIP IN RESPECT OF (3)ABOVE

|  |  |
| --- | --- |
| FATHER | HUSBAND |
| ● |  |

(PLEASE TICK)

|  |  |  |  |
| --- | --- | --- | --- |
| 5) GENDER  (PLEASE TICK) | MALE | FEMALE | TRANSGENDER |
| ● |  |  |

1. MOBILE NUMBER (IF ANY)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 8 | 8 | 4 | 7 | 4 | 7 | 4 | 2 | 5 | 7 |

1. EMAIL ID (IFANY)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| A | R | S | H | 8 | 2 | 5 | 4 | @ | G | M | A | I | L |
| . | C | O | M |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |

1. WHETHER EARLIER A MEMBER OF THE EMPLOYEES’ PROVIDENT FUND SCHEME,1952?

(PLEASE TICK)

|  |  |
| --- | --- |
| **YES** | **NO ●** |

1. WHETHER EARLIER A MEMBER OF THE EMPLOYEES’ PENSION SCHEME, 1995? (PLEASETICK)

|  |  |
| --- | --- |
| **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 EMPLOYMENTDETAILS**

1. THE DETAILS OF THE UNIVERSAL ACCOUNT NUMBER (UAN) OR PREVIOUS PF MEMBERID:

# UAN

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |

## OR

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| REGION CODE | OFFICE CODE | ESTABLISHMENT ID | EXTENSION | ACCOUNT NUMBER |
|  |  |  |  |  |

**PREVIOUS PF MEMBERID**

1. DATE OF EXIT FORPREVIOUS

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| D | D | M | M | Y | Y | Y | Y |
|  |  |  |  |  |  |  |  |

MEMBER ID (DD/MM/YYYY)

1. (A)IFSCHEMECERTIFICATEISSUEDFORPREVIOUSEMPLOYMENT,THENSCHEMECERTIFICATENUMBER:

(B)IFPENSIONPAYMENTORDER(PPO)ISSUEDFORPREVIOUSEMPLOYMENT,THENPPONUMBER:

**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) PASSPORTNUMBER

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 |
|  | ● |  |  |

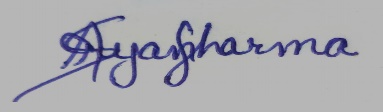
|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 16) SPECIALLY ABLED  (PLEASE TICK) | YES | NO |  | IF YES, TICK THE CATEGORY | | |
|  | ● | LOCOMOTIVE | VISUAL | HEARING |
|  | | | |  |  |  |

1. KYCDETAILS

|  |  |  |  |
| --- | --- | --- | --- |
| KYC DOCUMENT TYPE | NAME AS ON KYC DOCUMENT | NUMBER | REMARKS, IF ANY |
| BANK ACCOUNT-1**\*** | ARYAN SHARMA | 37455230885 | **SBIN0008386** |
| NPR/AADHAAR | ARYAN SHARMA | 792244349870 |  |
| PERMANENT ACCOUNT NUMBER (PAN) | ARYAN SHARMA | ILBPS7417F |  |
| 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 KYCDOCUMENTS 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:**

* 1. **ICERTIFY THATALLTHEINFORMATIONGIVENABOVEISTRUETO THEBESTOFMYKNOWLEDGEANDBELIEF.**
  2. **IN CASE,EARLIERAMEMBEROFEPFSCHEME,1952AND/OR EPS,1995**,
     1. **IHAVE ENSUREDTHECORRECTNESSOFMYUAN/PREVIOUSPFMEMBERID.**
     2. **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 SIGNATURECERTIFICATE).**
     3. **IAMAWARETHATICANSUBMITMYNOMINATIONFORMTHROUGHUANBASEDMEMBERPORTAL.**

**DATE: 23 JAN 2022** 

PLACE: LAKHIPUR SIGNATURE OFMEMBER

**DECLARATION BY PRESENT EMPLOYER**

1. THE MEMBER Mr./Ms./Mrs. ………………………….. HASJOINEDON ANDHASBEENALLOTTEDPFMEMBERID

## …………………………………………...

1. INCASETHEPERSONWASEARLIERNOT AMEMBEROFEPFSCHEME,1952ANDEPS,1995:
   * **(POST ALLOTMENT OF UAN)** THE UAN ALLOTTED FOR THE MEMBER IS…………………………
   * **PLEASE TICK THE APPROPRIATEOPTION:**

THE KYC DETAILS OF THE ABOVE MEMBER IN THE UAN DATABASE

* + - HAVE NOT BEENUPLOADED
    - HAVE BEEN UPLOADED BUT NOTAPPROVED
    - HAVE BEEN UPLOADED AND APPROVED WITHDSC

1. INCASETHEPERSONWASEARLIERAMEMBEROF EPFSCHEME,1952ANDEPS,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 BYMEMBER.
   * **PLEASE TICK THE APPROPRIATEOPTION:-**
     + THE KYC DETAILS OF THE ABOVE MEMBER IN THE UAN DATABASE HAVE BEEN APPROVED WITH DIGITAL SIGNATURE CERTIFICATE AND TRANSFER REQUEST HAS BEEN GENERATED ONPORTAL.
     + 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 PREVIOUSESTABLISHMENT.

DATE: SIGNATURE OF EMPLOYER WITH SEAL OFESTABLISHMENT