

To,
The Regional Provident Fund Commissioner,
Employees PF Organization

ANNEXURE-II**Joint Declaration Form**

I.....
Having UAN..... PF
account.....and Aadhaar.....is/ was
with establishment M/S..... The personal details furnished
to EPFO earlier were found to be incorrect /blank, and therefore request for
change/updation in the member profile as follows.

S. No.	Details/particulars	Incorrect details	Correct details
1	Aadhaar		
2	Name		
3	DOB		
4	Gender		
5	Father/husband		
6	Relationship		
7	DOJ		
8	DOL		
9	Reason of leaving		
10	Marital Status		
11	Nationality		

I.....s/o....., authorized signatory of
the establishment, have verified the request, document attached and the records of
the establishment and certify that the facts mentioned above are correct. I am also
enclosing.....,

..... and (documents of Establishment) in
support of the request of the employee mentioned above.

We.....(Employee) and

(Authorized Signatory) hereby declare we have not concealed any facts and the
above- mentioned facts are correct. We also indemnify that in case of wrong
payment/over payment/under payment because of the above furnished information
shall be jointly held responsible.

Authorized signatory**Name & sign of member**
GGID-
Mail ID-
Mobile No-