

ANNEXURE-II

To,
The Regional Provident Fund Commissioner,
Employees PF Organization

Joint Declaration Form

I.....ARUN . S.S.....
Having UAN 100091013072..... PF
account THTA00433550000033552 and Aadhaar 614363785324.....is/ was
with establishment M/S CAPGEMINI..... 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	<u>BLANK</u>	<u>614363785324</u>
2	Name	<u>ARUN SIDDAPPA</u>	<u>ARUN . S.S</u>
3	DOB		
4	Gender		
5	Father/husband		
6	Relationship		
7	DOJ		
8	DOL		
9	Reason of leaving		
10	Marital Status		
11	Nationality		

I.....ARUN . S.S.....s/o.SIDDAPPA SETTY . S.S....., 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.....R-Aadhar Card, PAN Card.....,
..... and (documents of Establishment) in
support of the request of the employee mentioned above.

We.....ARUN . S.S.....(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- arun.shetty@outlook.comMobile No- 9035550309