

Regn. No.....



Mobile No. ....

## Employees' Provident Fund Scheme, 1952

Form-19

(Refer to instruction)

1. Name of the members in Block Letters.

2. Father's Name or (husband's Name in the case of married woman)

3. Name & Address of the  
Factory/Establishment in which the  
member was employed.

4. Account No.:..... /

5. Date of leaving service:

6. Reason for leaving service:

- Service terminated on account of a) ill health of member. b) contraction. c) discontinuation of  
employer's business or d) other cause beyond the control of the member.....

- Personal Reasons:.....

\*6a. Permanent Account Number (PAN):.....

\*6b. Whether submitting Form No. 15G/15H of Income Tax (Yes/No):.....  
(Please enclose two copies of Form No. 15G/15H, if applicable)

\* Only in case of service less than 5 years.

7. Full Postal Address (in Block Address)

Shri/Smt./Kum.....

S/O/W/O/D/O.....

Pin :

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8. Mode of remittance

Put a tick ( ✓ ) in the box against the one opted

(a) By Postal Money Order at my cost.

( )

To the address given against item No. 7

(b) By account payee cheque sent

( )

S.B. Account No.....

Direct for credit to my S.B.

Name of the Bank.....

A/c (Scheduled Bank/P.O.)

Branch/Address.....

Under intimation to me.

IFSC Code.....

(Advance Stamped Receipt furnished)

Certified that the particulars are true to the best of my knowledge.

Date of joining of Establishment.....

Date of Birth .....

Contribution for the Current Financial Year.

Contribution for the Current Financial Year:															
Month				Contribution		Period of break if any		Month				Contribution		Period of break if any	
Month	Wages	Employee		Employers		Total		Month	Wages	Employee		Employers		Total	
		EPF	FP	EPF	FP	EPF	FP			EPF	FP	EPF	FP	EPF	FP

( information to be furnished by the Employer if the Claim Form is Attested by the Employer)

Certified that the above contributions have been included in the regular monthly remittances.

The Applicant has signed/Thumb impressed before me.

.....

Signature of Left/Right hand thumb impression of the member

Date.....

Designation & Seal

Encl.

Declaration of non-employment

Note:- In the case of submission of application for settlement under clause (s) of sub-paragraph (i) and in clause (b) of sub-paragraph (2) of paragraph 69 of the EPF Scheme, 1952, the claim should be submitted after two months from the date of leaving service provided the member continues to remain unemployed in an establishment to which the Act applies.

Date.....

Signature or Left / Right hand thumb impression of the member

ADVANCE STAMPED RECEIPT (To be furnished only in case of 8 (b) above)

Received a sum of Rs. ....(Rupees ..... from  
Regional Provident Fund Commissioner / Officer-in-Charge of Sub-Accounts Office .....  
by deposit in my Savings Bank account towards the settlement of my Provident Fund Account.

The space should be left blank which shall be filled  
in by Regional Provident Fund Commissioner/Officer  
in-Charge of S.A.O.

Affix 1/- Rupee  
Revenue  
Stamp

Signature or Left / Right hand thumb impression of the member

**(For the use of Commissioner's Office)**

A/C Settled in part/Full Entered in F. 21-A/24/219 & withdrawal register.

Clerk	Section Supervisor
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P.No. ....	M.O./Cheque .....
Account No. ....	Section ..... passed for payment for Rs. ....
1/4 in words) .....	
M.O. Commission (if any) AOC/APFC .....	
Net Amount to be paid by M.O. .... Date .....	
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(For use in Cash Section)

Paid by inclusion in Cheque No. .... date .....

vide Cash Book (Bank) Account No.3 Debit Item No .....

HC

AC / RC

Remarks