

PLEASE READ THE INSTRUCTIONS CAREFULLY BEFORE YOU FILL FORM 10 C

1.
 - a. Your name as per record and bank account
 - b. Your name as per record and bank account
2. Date of birth
3. Father's name, Husband Name if applicable
4. Establishment name and address: Already provided
5. EPS account number KN/10088/ PF number as per salary slip.
6. Reason for leaving & Date of leaving: Resigned. Please do not enter any other reasons. Date of leaving Infosys.
7. Full postal address: You need to give full postal address with pin code. Mobile No. is mandatory to convey you the settlement status by Regional PF office.
8. Scheme Certificate: if your service is more than 10 years then tick YES
Otherwise, No
9. Nomination: any one of your family member.
10. Not applicable
11. You need to give full bank account number and branch address and attached a copy of cancelled cheque .
12. Not applicable.

Signature: Please sign on two portions.

1. Below the text "CERTIFIED THAT THE PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE"
2. Below "ADVANCE STAMPED RECEIPT". No Revenue stamp is required.

Infosys
Employee No.

Form No.10 – C (E.P.S)



For Office Use only

Inward No. :

EMPLOYEE'S PENSION SCHEME – 1995

FORM TO BE USED BY A MEMBER OF THE EMPLOYEES' PENSION SCHEME 1995 FOR CLAIMING WITHDRAWAL BENEFIT SCHEME CERTIFICATE

(Read the instruction before filling of this form)

1. (a) Name of the member (in Block Letters) : _____
(b) Name of the claimant(s) : _____
2. Date of Birth :
3. (a) Father's Name : _____
(b) Husband's Name (if applicable) : _____
4. Name and address of the Establishment in which the member was last employed :

Infosys Limited
Plot No.44 & 97A, 3rd Cross,
Electronics City, Hosur Road,
Bangalore – 560 100
5. EPS Account No.

KN/	BN/	10088	
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6. Reason for leaving service & Date of leaving : _____
:
7. Full Postal Address (in Block Letters) : _____
Sri/Smt/Kum : _____
S/o. D/o. H/o. W/o. : _____
: _____
: _____
: _____

Mobile No:

8. Are you willing to accept Scheme Certificate in lieu of withdrawal benefits?

(a) Yes

10

(b) No

X

9. Particulars of Family (Spouse, Children or Nominee)

Name	Date of Birth	Relationship with the member	Name of the guardian of minor
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(a)	Family member/(s)
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(b) Nominee

10 In case of death of member after attaining the age of 28 year without filling the claim:

(a) Date of death of the member

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(b) Name of the Claimant(s)/and
Relationship with the member

$$\vdots$$

NA

11 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 column No.7

(b) Account payee cheque sent direct for credit to my Savings Bank A/c..
S.B. Account No
(Attach cancelled cheque copy)

Name of the Bank (in Block Letters

Branch (in Block Letters

Full postal address of the Branch (in Block Letters)
(attach cancelled cheque copy)

IFSC code :

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12 Are you availing pension under EPS – 1995? If so indicate PPO No. _____ By who issued: _____

CERTIFIED THAT THE PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE

Date: **Signature/Left** hand thumb impression of the Member/Claimant(s)

ADVANCE STAMPED RECEIPT
(To be furnished only in case of 11 (b) above)

Received a sum of Rs. _____ (Rupees _____
_____ only) from Regional P. F. Commissioner Officer – in-charge of Sub-Regional Office
_____ by depositing in savings bank A/c towards the settlement of my Pension Fund account

The space should be left blank which shall be filled by this Office.

Affix
revenue
stamp

Signature/Left hand thumb impression of the member on the Revenue stamp.

Certified that the particulars of the member given are correct and the member has signed/thumb impressed before me.

The details of wages and period of non-contributory service of the member are furnished under.
(Form 3A/7(EPS) enclosed for the period for which is not sent to employees' Provident Fund Office).

Date of Joining :

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Wages (Basic – D.A.) as on 15-11-95 (if applicable)

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Wages on the date of exit _____

Period of non – contributory service :

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Date Signature of Employer / Authorized Official with Rubber Stamp

(FOR THE USE IN OF COMMISSIONER'S OFFICE)

(Under Rs.....P.L..... M.O./Cheque.....
Posses for payment for Rs..... (Rupees.....only)
M.O .Commission (if any) Rs.....net amount to be paid by M.O.....towards withdrawal
benefit.

D.A.

S.S.

A.A.O

(FOR USE IN CASH SECTION)

Paid by inclusion in cheque No.....date.....vide Cash Book
(Bank) Account No.10 Debit No.....

D.A.

S.S.

AC (Cash)

Fir issue of S.S.IDS is enclosed.

D.A.

S.S.

APFC (A/cs)

(FOR USE IN PENSION SECTION)

Scheme Certificate bearing the Control No..... issued on..... and entered
in the Scheme Certificate Control Register.

D.A.

S.S.

APFC (Pension)
