



Composite Declaration Form -11
(To be retained by the employer for future reference)
EMPLOYEES' PROVIDENT FUND ORGANISATION
Employees' Provident Funds Scheme, 1952 (Paragraph 34 & 57) &
Employees' Pension Scheme, 1995 (Paragraph 24)

(Declaration by a person taking up employment in any establishment on which EPF Scheme, 1952 and /or EPS, 1995 is applicable)

| | | | |
|----|---|--|------------------------------------|
| 1 | Name of the member | | |
| 2 | Father's Name <input type="checkbox"/> | Spouse's Name <input type="checkbox"/> | |
| 3 | Date of Birth: (DD / MM / YYYY) | | |
| 4 | Gender: (Male/Female/Transgender) | | |
| 5 | Marital Status: (Married/Unmarried/Widow/Widower/Divorcee) | | |
| 6 | (a) Email ID: | | |
| | (b) Mobile No.: | | |
| 7 | Present employment details: Date of joining in the current establishment (DD/MM/YYYY) | | |
| 8 | KYC Details: (attach self attested copies of following KYCs) | | |
| | a) Bank Account No. : | | |
| | b) IFS Code of the branch: | | |
| | c) AADHAR Number | | |
| | d) Permanent Account Number (PAN), if available | | |
| 9 | Whether earlier a member of Employees' Provident Fund Scheme, 1952 | | Yes / No |
| 10 | Whether earlier a member of Employees' Pension Scheme, 1995 | | Yes / No |
| 11 | Previous employment details: [if Yes to 9 AND/OR 10 above] – Un-exempted | | |
| | Establishment Name & Address | Universal Account Number | PF Account Number |
| | | | Date of joining (DD/MM/YYYY) |
| | | | Date of exit (DD/MM/YYYY) |
| | | | Scheme Certificate No. (if issued) |
| | | | PPO Number (if issued) |
| | | | Non Contributory Period (NCP) Days |
| 12 | Previous employment details: [if Yes to 9 AND/OR 10 above] – For Exempted Trusts | | |
| | Name & Address of the Trust | UAN | Member EPS A/c Number |
| | | | Date of joining (DD/MM/YYYY) |
| | | | Date of exit (DD/MM/YYYY) |
| | | | Scheme Certificate No. (if issued) |
| | | | Non Contributory Period (NCP) Days |
| 13 | a) International Worker: | | Yes / No |
| | b) If yes, state country of origin (India/Name of other country) | | |
| | c) Passport No. | | |
| | d) Validity of passport [(DD/MM/YYYY) to (DD/MM/YYYY)] | | |

UNDERTAKING

- 1) Certified that the particulars are true to the best of my knowledge.
- 2) I authorize EPFO to use my Aadhar for verification/authentication/e-KYC purpose for service delivery.
- 3) Kindly transfer the funds and service details, if applicable, from the previous PF account as declared above to the present P.F. Account as I am an Aadhar verified employee in my previous PF Account.*
- 4) In case of changes in above details, the same will be intimated to employer at the earliest.

Date:
Place:

Signature of Member

DECLARATION BY PRESENT EMPLOYER

- A. The member Mr/Ms/Mrs has joined on and has been allotted PF No. and UAN.....
- B. In case the person was earlier not a member of EPF Scheme, 1952 and EPS, 1995:
- **Please Tick the Appropriate Option:**
 - The KYC details of the above member in the UAN database
 - ☐ Have not been uploaded
 - ☐ Have been uploaded but not approved
 - ☐ Have been uploaded and approved with DSC/e-sign.
- C. In case the person was earlier a member of EPF Scheme, 1952 and EPS, 1995:
- **Please Tick the Appropriate Option:-**
 - ☐ The KYC details of the above member in the UAN database have been approved with E-sign/Digital Signature Certificate and transfer request has been generated on portal.
 - ☐ The previous Account of the member is not Aadhar verified and hence physical transfer form shall be initiated.

Date:

Signature of Employer with Seal of
Establishment

*Auto transfer of previous PF account would be possible in respect of Aadhar verified employees only. Other employees are requested to file physical claim (Form-13) for transfer of account from the previous establishment.