## **New Form No.11- Declaration Form**

(To be retained by the employer for future reference)



## EMPLOYEES PROVIDENT FUND ORGANIZATION

Employees provident funds scheme, 1952 (paragraph 34 & 57) & Employees pension scheme 1995 (paragraph 24)

Emp Code: _		
Company: _	 	

	(Declaration by a person taking up employment in any establishment on whi	ch EPI	Scheme,	1952 en	d /of EPS19	995 is applicable)
1	Name of the member					
2	Father's Name ( ) Spouse's Name ( ) (Please Tick Whichever Is Applicable)					
3	Date of Birth (DD/MM/YYYY)					
4	Gender: ( male / Female /Transgender )					
5	Marital Status (married /Unmarried /widow/divorce)					
6	(a)Email ID:					
	(b)Mobile No:			,		
7*	Whether earlier a member of Employees 'provident Fund Scheme 1952		Yes		No	
8*	Whether earlier a member of Employees 'Pension Scheme ,1995		Yes		No	
	If response to any or both of (7) & (8) above is yes. MANDA'	ГORY	FILL UP	THE (	COLUMN !	9)
	a) Universal Account Number(UAN)					
9	b) Previous PF a/c No AP HYD EST.CODE EXTN PF NO.					
	c) Date of exit from previous employment (DD/MM/YYY)				•	
	d) Scheme Certificate No (if Issued )					
	e) Pension Payment Order (PPO)No (if Issued)					
10	a) International Worker:		Yes		No	
	b) If Yes, State Country Of Origin (India /Name of Other Country)					
	c) Passport No					
	d) Validity Of Passport ( <b>DD/MM/YYY</b> ) to( <b>DD/MM/YYY</b> )					
11	KYC Details: (attach Self attested copies of	follow	ing KYCs	**		
	a) Bank Account No .& IFS code					
	b) AADHAR Number (12 Digit)					
	c) Permanent Account Number (PAN),If available					
	<u>UNDERTAKING</u>					
	1) Certified that the Particulars are true to the best of my Knowledge					
	2) I authorize EPFO to use my Aadhar for verification / e KYC purpose for					
	3) Kindly transfer the funds and service details, if applicable if applicable,					
	present P.F Account(The Transfer Would be possible only if the identi	fied K	YC details	approv	ed by previ	ious employer ha
been verified by present employer						
	4) In case of changes In above details the same Will be intimate to employe	r at the	earliest			
	Date:				~.	
	Place	ADI O	ZED.		Signature of	of Member
	A) The member Mr./Ms./Mrshas joined onand has be			ber		
	B) In case person was earlier not a member of EPF Scheme ,1952 and EPS,1995					
	• (Post allotment of UAN) The UAN Allotted for the member is					
	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					
	C) In case the person was earlier a member of EPF Scheme ,1952 and EPS, 1995:  The above PE account number /UAN of the member as mentioned in (a) above ha	- l ·		1 . / 1	I A NI /	

declared by member

**Please Tick the Appropriate Option** 

- ☐ The KYC details of the above member in the UAN database have been approved with digital signature Certificate and transfer request has been generated on portal.
- □ As the DSC of establishment are not registered With EPFO the member has been informed to file physical claim (Form13) for transfer of funds from his previous establishment.