



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																							
	Spouse's Name																							
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	<table border="1"> <thead> <tr> <th>Establishment Name & Address</th> <th>Universal Account Number</th> <th>PF Account Number</th> <th>Date of joining (DD/MM/YYYY)</th> <th>Date of exit (DD/MM/YYYY)</th> <th>Scheme Certificate No. (if issued)</th> <th>PPONumber (if issued)</th> <th>Non Contributory Period (NCP) Days</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>								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)	PPONumber (if issued)	Non Contributory Period (NCP) Days								
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12	Previous employment details: [if Yes to 9 AND/OR 10 above]- For Exempted Trusts																							
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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 [(DDMMYYYY) to (DDMMYYYY)]																							

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.andUAN.....
- 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 (Fonn-13) for transfer of account from the previous establishment.