



Employees' Provident Fund Organization

(Filled with dummy sample data)

THE EMPLOYEES' PROVIDENT FUNDS SCHEME, 1952 (PARAGRAPH-34 & 57)

&

THE EMPLOYEES' PENSION SCHEME, 1995 (PARAGRAPH-24)

DECLARATION BY A PERSON TAKING UP EMPLOYMENT IN AN ESTABLISHMENT ON WHICH EMPLOYEES' PROVIDENT FUND SCHEME, 1952 AND/OR EMPLOYEES' PENSION SCHEME, 1995 IS APPLICABLE.

(PLEASE GO THROUGH THE INSTRUCTIONS)

1) NAME

(TITLE)	S	H	I	V	A	N	I		V	I	S	H	A	L		D	U	T	T											
MR.	MS.	MRS.																												
<input checked="" type="checkbox"/>																														
Tick as appropriate			Fill as per Aadhar Card																											

2) DATE OF BIRTH

D	D	M	M	Y	Y	Y	Y
2	3	0	3	1	9	8	5

DOB in DDMMYYYY

[illegible]

4) RELATIONSHIP IN RESPECT OF (3) ABOVE (PLEASE TICK)	FATHER	HUSBAND
	<input type="checkbox"/>	<input checked="" type="checkbox"/>

5) GENDER	MALE	FEMALE	TRANSGENDER
(PLEASE TICK)		✓	

6) MOBILE NUMBER (IF ANY)	9	9	0	0	0	9	9	0	9	9
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[illegible]

8) WHETHER EARLIER A MEMBER OF THE EMPLOYEES' PROVIDENT FUND SCHEME, 1952?	(PLEASE TICK)	<input checked="checked" type="checkbox"/> YES	<input type="checkbox"/> NO	Tick as appropriate

9) WHETHER EARLIER A MEMBER OF THE EMPLOYEES' PENSION SCHEME, 1995?		
(PLEASE TICK)	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
<div style="border: 1px solid red; padding: 2px; color: red; font-weight: bold;"> Tick as appropriate after checking your EPF passbook </div>		

IF RESPONSE TO ANY OR BOTH OF (8) & (9) ABOVE IS YES, THEN MANDATORILY FILL UP THE PREVIOUS EMPLOYMENT DETAILS AT (10,11&12):

A. PREVIOUS EMPLOYMENT DETAILS

10) THE DETAILS OF THE UNIVERSAL ACCOUNT NUMBER (UAN) OR PREVIOUS PF MEMBER ID:

Fill your UAN Number here. Refer to your EPF Passbook or last employer payslip

UAN

1	0	1	0	1	1	0	0	1	0	1	0
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OR

PREVIOUS PF MEMBER ID

REGION CODE	OFFICE CODE	ESTABLISHMENT ID	EXTENSION	ACCOUNT NUMBER
MH	BAN	12345	/	123

Fill your last employer PF Number here. Refer to your EPF Passbook or last employer payslip

11) DATE OF EXIT FOR PREVIOUS MEMBER ID (DD/MM/YYYY)

D	D	M	M	Y	Y	Y	Y
1	5	0	3	2	0	2	3

Last working date with previous employer (one prior to MMC)

12) (A) IF SCHEME CERTIFICATE ISSUED FOR PREVIOUS EMPLOYMENT, THEN SCHEME CERTIFICATE NUMBER:

Keep Blank

(B) IF PENSION PAYMENT ORDER (PPO) ISSUED FOR PREVIOUS EMPLOYMENT, THEN PPO NUMBER:

B. OTHER DETAILS

13) INTERNATIONAL WORKER (PLEASE TICK)

YES	NO
	✓

Tick No if you are an Indian citizen else tick Yes and fill other fields in this section.

IF THE REPLY TO (13) ABOVE IS YES, THEN ENTER THE DETAILS IN 13(A), 13(B) & 13(C):

13(A) COUNTRY OF ORIGIN (Please Tick)

INDIA	OTHER THAN INDIA (IF YES, PLEASE MENTION NAME OF THE COUNTRY)

13(B) PASSPORT NUMBER

13(C) PASSPORT VALID FROM

D	D	M	M	Y	Y	Y	Y

To

D	D	M	M	Y	Y	Y	Y

14) EDUCATIONAL QUALIFICATION (PLEASE TICK)

ILLITERATE	NON-MATRIC	MATRIC	SENIOR SECONDARY	GRADUATE	POST GRADUATE	DOCTOR	TECHNICAL/ PROFESSIONAL
			Tick as appropriate		✓		

15) MARITAL STATUS (PLEASE TICK)

MARRIED	UNMARRIED	WIDOW/ WIDOWER	DIVORCEE
✓	Tick as appropriate		

16) SPECIALLY ABLED (PLEASE TICK)

YES	NO
	✓

Tick as appropriate

IF YES, TICK THE CATEGORY

LOCOMOTIVE	VISUAL	HEARING
	Tick as appropriate	

17) KYC DETAILS

Mention Bank account detail as updated on EPFO portal

KYC DOCUMENT TYPE	NAME AS ON KYC DOCUMENT	NUMBER	REMARKS, IF ANY
BANK ACCOUNT-1*	Shivani Dutt	124596751267	IFSC ICIC0212
NPR/AADHAAR	Shivani Dutt	999988887777	
PERMANENT ACCOUNT NUMBER (PAN)	Shivani Dutt	AKPPB9999Z	
PASSPORT		These are optional fields and may be filled or left blank	
DRIVING LICENCE			
ELECTION CARD			
RATION CARD			
ESIC CARD			
* Mandatory Field (NOTE: BANK ACCOUNT NUMBER (ALONG WITH IFSC CODE) IS MANDATORY. YOU ARE HOWEVER ADVISED TO PROVIDE ALL KYC DOCUMENTS AVAILABLE WITH YOU IN ADDITION TO MANDATORY KYCS TO AVAIL BETTER SERVICES. SELF-ATTESTED PHOTOCOPIES OF THE DOCUMENTS MUST BE ATTACHED WITH THIS FORM.			

C. UNDERTAKING:

- A. I CERTIFY THAT ALL THE INFORMATION GIVEN ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.
- B. IN CASE, EARLIER A MEMBER OF EPF SCHEME, 1952 AND/OR EPS, 1995,
- (I) I HAVE ENSURED THE CORRECTNESS OF MY UAN/ PREVIOUS PF MEMBER ID.
- (II) THIS MAY ALSO BE TREATED AS MY REQUEST FOR TRANSFER OF FUNDS AND SERVICE DETAILS IF APPLICABLE FROM THE PREVIOUS ACCOUNT AS DECLARED ABOVE TO THE PRESENT P.F. ACCOUNT. (THE TRANSFER WOULD BE POSSIBLE ONLY IF THE IDENTIFIED KYC DETAILS APPROVED BY PREVIOUS EMPLOYER HAS BEEN VERIFIED BY PRESENT EMPLOYER USING HIS DIGITAL SIGNATURE CERTIFICATE).
- (III) I AM AWARE THAT I CAN SUBMIT MY NOMINATION FORM THROUGH UAN BASED MEMBER PORTAL.

Signature (The signature will be completed using DocuSign in Workday.)

20/03/2023

Date (The date should be the day when you sign the form using DocuSign in

DATE:

PLACE: Mumbai

Current City

SIGNATURE OF MEMBER

DECLARATION BY PRESENT EMPLOYER

- A. THE MEMBER Mr./Ms./Mrs. HAS JOINED ON AND HAS BEEN ALLOTTED PF MEMBER ID
- B. IN CASE THE PERSON WAS EARLIER NOT A MEMBER OF EPF SCHEME, 1952 AND EPS, 1995:
- (POST ALLOTMENT)
 - PLEASE TICK THE A
 - THE KYC DETAILS
 - ☐ HAVE NOT
 - ☐ HAVE BEEN
 - ☐ HAVE BEEN
- C. IN CASE THE PERSON WAS
- THE ABOVE MEMBER
 - MEMBER ID AS DECL
 - PLEASE TICK THE A
 - ☐ THE KYC
 - ☐ AS THE DSC OF ESTABLISHMENT ARE NOT REGISTERED WITH EPFO, THE MEMBER HAS BEEN INFORMED TO FILE PHYSICAL CLAIM (FORM-13) FOR TRANSFER OF FUNDS FROM HIS PREVIOUS ESTABLISHMENT.
- Will be filled by employer
- HIS/HER UAN/PREVIOUS
- APPROVED WITH DIGITAL
- SIGNATURE CERTIFICATE AND TRANSFER REQUEST HAS BEEN GENERATED ON PORTAL.

DATE:

SIGNATURE OF EMPLOYER WITH SEAL OF ESTABLISHMENT