Declaration Form

(To be retained by the Employer for future reference)

Employees' Provident Fund Organization

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)

MR. MS. MRS. (PLEASE TICK)	
(PLEASE TICK)	
2) DATE OF BIRTH D D M M Y Y Y Y	
3) FATHER'S/ MR. A M O L A K S I N G H K H A L S A	
HUSBAND'S NAME	
4) RELATIONSHIP IN RESPECT OF (3) ABOVE FATHER HUSBAND	
(PLEASE TICK) ✓	
5) GENDER MALE FEMALE TRANSGENDER	
(PLEASE TICK)	
6) MOBILE NUMBER 8 2 0 0 7 8 8 4 6 6	
(IF ANY)	
7) EMAIL ID (IF ANY) n a v n e e t . k h a l s	a
9 5 @ g m a i l . c o m	
8) Whether Earlier a member of the Employees' Provident Fund Scheme, 1952?	
(PLEASE TICK) ✓ YES NO	
9) Whether earlier a member of the Employees' Pension Scheme, 1995?	
(PLEASE TICK) YES ✓ NO	
	ETAILS

	DDEVIOUS EMPLOYME												
10)	A. PREVIOUS EMPLOYMENT DETAILS 10) THE DETAILS OF THE UNIVERSAL ACCOUNT NUMBER (UAN) OR PREVIOUS PF MEMBER ID:												
	THE DETAILS OF THE UN	IIVERSAL AC	COUNT	NUMBE	R (UA	MN) OR P		S PF MEN	IBERID:				
	UAN 1	0 1	3		0	1	5	6	5	9	9	6	
	OR						•		•				
	PREVIOUS PF MEMBER ID		RE	GION C	ODE	OFFICE	CODE	ESTABL	ISHMENT IC	Ехт	ENSION	ACCOUNT NU	IMBER
								1		<u> </u>			
11)	DATE OF EXIT FOR PRE	VIOUS	D	D	М	М	1	/ Y	Υ	Y			
	MEMBER ID (DD/MM/	YYYY) $\frac{1}{2}$	Ģ	9	0	1	2	0	2	1			
	(A) IF SCHEME CERTIF	TCATE ICCIII	EU EUD	DDE\/IC	IIC EM	DI OVMEN	UT THEN	LSCHEME	CEDITIEICAT	LE VILIME	ED.		
	(B) IF PENSION PAYME	NT ORDER (PPO) 1	ISSUFD	FOR PI	REVIOUS	FMPI OY	MENT. TH	IEN PPO NI	IMBFR:	DER.	_	
	(5) 21 1 2 10 20 11 7 11 12	in onsen (100010			2 201), IDEI(I_			
В.	OTHER DETAILS												
40)				V	ES			No					
13)	INTERNATIONAL WORKE (PLEASE TICK)	R		T I	=5		<u>√</u>	No					
	(PLEASE TICK)												
	IF THE REPLY TO (1	3) ABOVE	IS YES,	, THEN	ENTE	R THE D	ETAILS	IN 13(A), 13(B)	& 13(d	c):		
	13(a) Country of o	rigin (Plea	se Tic	k)				,		`			
	India			OTHER THAN INDIA (IF YES, PLEASE									
			MENT	ION NA	ME OF	THE COL	JNTRY)						
	13(B) PASSPORT NUM	RED											
	13(0) 1 A331 OKT NOT				$\overline{}$								
	13(c) PASSPORT VALID FROM												
	13(c) PASSPORT VALI	ID FROM	Г	D	D	M N	1 T Y	T V T	V V				
	13(c) Passport vali	ID FROM		D	D	M M	1 Y	Y	YY				
	13(c) Passport vali	ID FROM		D	D	M M	1 Y	Y	YY				
	13(c) Passport vali				4								
	13(c) Passport valu	ID FROM		D D	D D	M M		Y	Y Y Y Y Y				
	13(c) Passport vali				4								
				D	4		1 Y	Y					
14) EDUCATIONAL	То		D Non-	D	M M	1 Y	Y	YYY	TE 6	Post	Doctor	Тесни
14)				D	D		1 Y	Y	Y Y GRADUA	^{TE} G	POST RADUATE	Doctor	TECHNI PROFESS
14)) EDUCATIONAL	То	[D Non-	D	M M	1 Y	Y	YYY	TE G		Doctor	
14) EDUCATIONAL QUALIFICATION	То	[[D Non-	D	M M	1 Y	Y	Y Y GRADUA	^{TE} G		Doctor	
•	EDUCATIONAL QUALIFICATION (PLEASE TICK)	To		D Non-Matric	D	M M	1 Y Si SECO	Y	Y Y GRADUA			Doctor	
•) EDUCATIONAL QUALIFICATION (PLEASE TICK) MARITAL STATUS	То		D Non-Matric	D	M M	1 Y Si SECO	Y	Y Y GRADUA	TE G		Doctor	
•	EDUCATIONAL QUALIFICATION (PLEASE TICK)	To		D Non-Matric	D	M M	1 Y Si SECO	Y	Y Y GRADUA			Doctor	
•) EDUCATIONAL QUALIFICATION (PLEASE TICK) MARITAL STATUS	To		D Non-Matrice	D	M M	1 Y Si SECO	Y	Y Y GRADUA			Doctor	
15)) EDUCATIONAL QUALIFICATION (PLEASE TICK)) MARITAL STATUS (PLEASE TICK)	To		D Non-Matric	D	M M	1 Y Si SECO	Y ENIOR ONDARY WIDOW	Y Y GRADUAT FR DIVO	DRCEE	RADUATE	Doctor	
15)) EDUCATIONAL QUALIFICATION (PLEASE TICK) MARITAL STATUS	To	ED	D Non-Matrice	D	M M	1 Y Si SECO	Y ENIOR ONDARY WIDOW	Y Y GRADUA	DRCEE	RADUATE	Doctor	

17) KYC DETAILS

KYC DOCUMENT TYPE	Name as on KYC Document	Number	REMARKS, IF ANY
BANK ACCOUNT-1*(F)	NAVNEET KAUR KHALSA	7911923640	KKBK0000810
NPR/AADHAAR(F)	NAVNEET KAUR KHALSA	379798020544	
PERMANENT ACCOUNT NUMBER (PAN) (F)	NAVNEET KAUR KHALSA	DOPPK7251K	
PASSPORT			EXPIRY DATE
DRIVING LICENCE			EXPIRY DATE
ELECTION CARD			
RATION CARD			
ESIC CARD			

^{*} Mandatory Field (<u>Note</u>: 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.



			*
(F) 1	DATE: 01/02/21		
(F) P	PLACE: BANGALORE		(F) SIGNATURE OF MEMBER
	DECLARATIO	N BY PRESENT E	MPLOYER
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 AN	ND EPS, 1995:
	 (Post allotment of UAN) THE UAN ALI 	LOTTED FOR THE MEMBER	IS
	 PLEASE TICK THE APPROPRIATE OPTION: 	•	
	THE KYC DETAILS OF THE ABOVE MEMBER	R IN THE LIAN 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 MEMBER ID OF THE MEMBER AS MENTIONED IN (A) ABOVE HAS BEEN TAGGED WITH HIS/HER UAN/PREVIOUS MEMBER ID AS 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 (FORM-13) FOR TRANSFER OF FUNDS FROM HIS PREVIOUS ESTABLISHMENT.

DATE:

SIGNATURE OF EMPLOYER WITH SEAL OF ESTABLISHMENT