

Regn. No.....

Employees' Provident Fund Scheme, 1952

Form-19

(Refer to instruction)

(Refer to instruction)

1. Name of the members in Block Letters.	EMPLOYEE NAME
2. Father's Name or (husband's Name in the case of married woman)	FATHER'S NAME
3. Name & Address of the Factory/Establishment in which the member was employed.	PEN DOWN THE ADDRESS ON YOUR PAYSIP
4. Account No.DL.	PF ACCOUNT NUMBER - AP/HYD/XXXXX/YYYY
5. Date of leaving service	LAST WORKING DAY
6. Reason for leaving service	RESIGNATION / PERSONAL
7. Full Postal Address (in Block Address)	Shri/Smt./Kum. S/O/W/O/D/O.....
8. Mode of remittance	Put a tick (✓) in the box against the one opted

(a) By Postal Money Order at my cost. () To the address given against item No. 7

(b) By account payee cheque sent (✓) S.B. Account No. FULL A/C NUMBER
Direct for credit to my S.B. Name of the Branch BANK NAME
A/c (Scheduled Bank/P.O.) Branch BRANCH NAME
Under intimation to me. Full address of the branch ADDRESS AS FOUND ON THE CHEQUE BOOK

(Advance Stamped Receipt furnished)

Certified that the particulars are true to the best of my knowledge.

Date of joining of Establishment..... DATE OF JOINING

Date of Birth DATE OF BIRTH

Contribution for the Current Financial Year.

[illegible]

(information to be furnished by the Employer if the Claim Form is Attested by the Employer)
Certified that the above contributions have been included in the regular monthly remittances.

The Applicant has signed/Thumb impressed before me.

.....

YOUR SIGNATURE

Signature of Left/Right hand thumb impression of the member

Date.....

Designation & Seal

Encl.

Declaration of non-employment

Note:- In the case of submission of application for settlement under clause (s) of sub-paragraph (i) and in clause (b) of sub-paragraph (2) of paragraph 69 of the EPF Scheme, 1952, the claim should be submitted after two months from the date of leaving service provided the member continues to remain unemployed in an establishment to which the Act applies.

YOUR SIGNATURE

Date.....

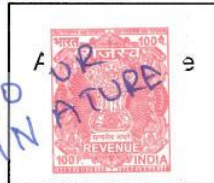
Signature or Left / Right hand thumb impression of the member

ADVANCE STAMPED RECEIPT (To be furnished only in case of 8 (b) above)

Received a sum of Rs.(Rupees from
Regional Provident Fund Commissioner / Officer-in-Charge of Sub-Accounts Office
by deposit in my Savings Bank account towards the settlement of my Provident Fund Account.

The space should be left blank which shall be filled
in by Regional Provident Fund Commissioner/Officer
in-Charge of S.A.O.

Re. 1 Revenue
Stamp
+
70
SIGNATURE



Signature or Left / Right hand thumb impression of the member

(For the use of Commissioner's Office)

A/C Settled in part/Full Entered in F. 21-A/24/219 & withdrawal register.

Clerk

Section Supervisor

P.I.No. M.O./Cheque

Account No. Section passed for payment for Rs.

(in words)

M.O. Commission (if any) AOC/APFC

Net Amount to be paid by M.O. Date

(For use in Cash Section)

Paid by inclusion in Cheque No. date
vide Cash Book (Bank) Account No.3 Debit Item No

HC

AC / RC

Remarks